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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1226	00002	CITY OR TOWN	SPRINGFIELD
APPLICATION FOR REN	EWAL: Annual	LICEN	ISED FOR 2013
	CLASS	i	YEAR
LICENSEE NAME: PEA	COCK CHINA INC.		
DOING BUSINESS A PE	ACOCK CHINESE RESTAU	RANT	
ADDRESS 338 COOLEY	ST.		
CITY/TOWN: SPRINGFI	TELD STATE: N	MA ZIP CODE:	01128
MANAGER: CHU, SHU	I WANG TYPE OF LICENSE	E:Restaurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE .	ALSO VISIT OUR WEBSITE AND ENTER YO	OUR EMAIL ADDRESS	
DESCRIPTION OF LICEN	ISED PREMISES:		
FIRST FLOOR FOR SERV	ICE AND STORAGE.		
I hereby certify and swear to	under penalties of perjury that:		
1. the renewed lice	ense will be of the same type fo	r the same premises now	licensed;
2. the licensee has	complied with all laws of the C	Commonwealth relating t	o taxes; and
3. the premises are	now open for business (If not	explain below)	
SIGNED BY:			
Indi	vidual, Partner or Authorized C	Corporate Officer	
DATE:	TELEPHONE NUMBER:	EMPLOYEI	R IDENTIFICATION NUMBER:
		(Note: NOT Inc	dividual Social Security Number)
We the understoned offe	at that we are in managed or (1) 41	and her Chamton 204 of the
	st that we are in possession (in the control of the		
	cate of liquor liability insura		
Please Check Below:		LOCAL LICENS	SING AUTHORITY
APPROVED:		By:	
DISAPPROVED:		•	
(If disapproved explain)			
DATE			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	CR: 122600004		CITY OR TOWN	SPRINGFI	ELD
APPLICATION FC	OR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: AML & SONS INC.				
DOING BUSINESS	S A NAPOLI RESTAU	RANT			
ADDRESS 1633 B	AY STREET				
CITY/TOWN: SPI	RINGFIELD	STATE: MA	ZIP CODE:	01109	
	QUORI, ANNA TYPE RIE	OF LICENSE: Rest	caurant C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	J:				
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF	F LICENSED PREMISE	ES:			
FIRST FLOOR FO	R SERVICE, BASEME	NT FOR STORAGE	Ξ.		
I hereby certify and	swear under penalties o	f perjury that:			
1. the renev	wed license will be of the	e same type for the s	same premises now	licensed;	
2. the licen	see has complied with a	ll laws of the Comm	onwealth relating t	o taxes; and	
3. the prem	nises are now open for bu	usiness (If not explai	in below)		
SIGNED BY:					
	Individual, Partner of	r Authorized Corpor	rate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYE	R IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT Inc	dividual Social S	Security Number)
***		. (1)			204 8.7
	ed, attest that we are in ed by the building insp				
, 0	certificate of liquor lia		_		
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:	mvo no m	ORTI
DISAPPROVED:			3 ·		
(If disapproved exp	lain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	122600008		CITY OR TOWN	SPRINGFI	ELD
APPLICATION FOR	RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	WONG WOK, INC	C			
DOING BUSINESS A	WONG WOK RE	ESTAURANT			
ADDRESS 749 SUMN	VER AVE				
CITY/TOWN: SPRIN	NGFIELD	STATE: MA	ZIP CODE:	01119	
MANAGER: LUO, 1	MEI ZHEN TYI	PE OF LICENSE: Res	staurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF LI					
SINGLE FLOOR BRI			ICE, BASEMENT	FOR STORA	.GE
I hereby certify and sw	-				
		the same type for the	•		
	-	all laws of the Comr	_	o taxes; and	
3. the premise	s are now open for	business (If not expla	ain below)		
SIGNED BY:	Individual Partner	or Authorized Corpo	orate Officer		
	marviadur, i druier	or radiorized corp.	rute officer		
DATE:	TELEPHON	IE NUMBER:	EMPLOYE	R IDENTIFICAT	ΓΙΟΝ NUMBER:
	TELEFIION	E NUMBER.			Security Number)
				11 61	204 0.7
We the undersigned, Acts of 2004, signed 1					
license and (2) the ce					
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	1)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 122600009		CITY OR TOWN	SPRINGFII	ELD
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: MATTIE'S CA	AFE INC.			
DOING BUSI	NESS A				
ADDRESS 75	0 BOSTON RD.				
CITY/TOWN:	SPRINGFIELD	STATE: MA	ZIP CODE:	01119	
MANAGER:	BISCALDI, CHARLENE L.	TYPE OF LICENSE:Re	staurant Ca	ATEGORY:	All Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		-
	N OF LICENSED PRE				
		SEMENT FOR STORAC	BE.		
•	y and swear under pena				
		e of the same type for the	•		
	-	with all laws of the Com	_	taxes; and	
3. the	premises are now open	n for business (If not expl	ain below)		
SIGNED BY:					
	Individual, Par	rtner or Authorized Corpo	orate Officer		
DATE:	TELEPH	HONE NUMBER:	EMPLOYER	RIDENTIFICAT	ION NUMBER:
			(Note: NOT Ind	ividual Social So	ecurity Number)
We the under	reigned attect that we	e are in possession (1) th	e certificate requir	ed by Chante	or 304 of the
		g inspector and the head			
license and (2	2) the certificate of liq	uor liability insurance r	required by Chapte	r 116 of the <i>A</i>	Acts of 2010.
Please Check Belo	ow:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVI					
(If disapproved	d explain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 122600012		CITY OR TOWN	SPRINGFI	ELD
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: OCO ENTERPRIS	SES, INC.			
DOING BUSINESS	S A CASA DE NANA	A			
ADDRESS 995 BO	STON RD.				
CITY/TOWN: SPI	RINGFIELD	STATE: MA	ZIP CODE:	01119	
MANAGER: OLI P.	LARI, ROBERT TY	PE OF LICENSE:Re	staurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
		EBSITE AND ENTER YOUR E	MAIL ADDRESS		
	F LICENSED PREMI			on dentition	
	FOR SERVICE AND		UTSIDE PATIO FO	OR SERVICE	
	swear under penalties wed license will be of		somo promisos nou	u ligangadı	
	see has complied with	• •	•		
	ises are now open for		_	io taxes, and	
	ises are now open for	ousiness (if not expi	um seiswy		
SIGNED BY:					
SIGNED D1.	Individual, Partner	r or Authorized Corp	orate Officer		
DATE:	TELEPHON	NE NUMBER:	EMPLOYE	R IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT In	dividual Social S	Security Number)
Acts of 2004, signe	ed, attest that we are ed by the building in certificate of liquor	spector and the hea	d of the fire depart	tment for the	above named
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved expl	Lain)				
(11 disappioved expi	iaiii <i>)</i>				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 12	2600015		CITYOR	IOWN	SPRINGFI	ELD
APPLICATION FOR RE	ENEWAL:	Annual		LICEN	SED FOR 20)13
		CLASS				YEAR
LICENSEE NAME: JC DOING BUSINESS A ADDRESS 1245 BOSTO		INC.				
CITY/TOWN: SPRING		STATE: MA	ZIP CC	DDE:	01119	
MANAGER: LEE, MI	KE WING TYPE	E OF LICENSE: Re	estaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:	SE ALSO VISIT OUR WEB	SITE AND ENTER YOUR I	EMAIL ADDRESS			
DESCRIPTION OF LIC	ENSED PREMISE	ES:				
FIRST FLOOR FOR SE	RVICE AND STO	RAGE.				
I hereby certify and swea	r under penalties o	of perjury that:				
2. the licensee h	icense will be of the as complied with a are now open for b	ll laws of the Com	monwealth re			
SIGNED BY:	dividual, Partner c	or Authorized Corp	oorate Officer			
DATE:	TELEPHONE	NUMBER:				TION NUMBER: ecurity Number)
We the undersigned, at Acts of 2004, signed by license and (2) the certi	the building insp	ector and the hea	d of the fire	departi	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL I By:	LICENS	SING AUTHO	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: I	22600019		CITY OR TOV	VIV SPRINGFI	ELD
APPLICATION FOR R	ENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: S	.Z.S. INC.				
DOING BUSINESS A	SALVATORE'S				
ADDRESS 1333 BOST	ON RD.				
CITY/TOWN: SPRING	GFIELD	STATE: MA	ZIP CODE	: 01119	
MANAGER: SCIBEL LORET	,	PE OF LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF LIC	CENSED PREMIS	SES:			
FIRST FLOOR FOR SE	ERVICE, BASME	NT FOR STORAGE			
I hereby certify and swe	ar under penalties	of perjury that:			
1. the renewed	license will be of	the same type for the	same premises r	now licensed;	
2. the licensee l	has complied with	all laws of the Comn	nonwealth relatii	ng to taxes; and	
3. the premises	are now open for	business (If not expla	in below)		
SIGNED BY:					
	ndividual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEDUON	E NUMBER:	EMPLO	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
	TELEPHON	E NUMBER.		Individual Social S	
					•
We the undersigned, a					
Acts of 2004, signed b license and (2) the cer	•	-	_		
	unicate of inquor	maximy msurance is	-	_	
Please Check Below:				ENSING AUTH	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved explain)	1				
(11 disappioved explain)	,				
DATE:			-		
DAIE.					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	122600023		CITY OR TOW	N SPRINGFI	ELD
APPLICATION FOR F	RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	AMF BOWLING CE	NTERS, INC.			
DOING BUSINESS A	AMF 11TH FRAMI	E LOUNGE			
ADDRESS 1387 LIBE	RTY STREET				
CITY/TOWN: SPRIN	GFIELD	STATE: MA	ZIP CODE:	01129	
MANAGER: BENNI JEFFRI		OF LICENSE: Resi	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMISE	S:			
FIRST FLOOR FOR S	ERVICE AND STOR	RAGE			
I hereby certify and swe	ear under penalties of	f perjury that:			
1. the renewed	license will be of the	e same type for the	same premises n	ow licensed;	
2. the licensee	has complied with al	l laws of the Comm	onwealth relatir	ng to taxes; and	
3. the premises	are now open for bu	siness (If not expla	in below)		
SIGNED BY:					
]	Individual, Partner or	Authorized Corpor	rate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLO	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEEET HOLLE	i (CivibEitt	(Note: NOT	Individual Social S	Security Number)
We the undersigned, Acts of 2004, signed by	attest that we are in	possession (1) the	certificate requ	uired by Chapt	er 304 of the
license and (2) the cer					
Please Check Below:	•	•		-	
APPROVED:				ENSING AUTH	ORITY
DISAPPROVED:]		By:		
(If disapproved explain)				
	•				
DATE:					
•					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 122600025		CITY OR TOWN	SPRINGFII	ELD
APPLICATION FOR RENEWAL: Annual			LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME:	CEC ENTERTAINM	ENT,INC.			
DOING BUSINESS	A CHUCK E. CHEES	E'S			
ADDRESS 1716 BC	OSTON RD.				
CITY/TOWN: SPR	INGFIELD	STATE: MA	ZIP CODE:	01129	
MANAGER: Thib	odeau, Candace TYPE	OF LICENSE: Res	staurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS		MAIL ADDRESS		
	LICENSED PREMISES				
	AGE BAR…RESTROO IN FRONT AND TWO		K OF THE RESTAU	JRANTOr	NE
I hereby certify and s	swear under penalties of	perjury that:			
1. the renew	red license will be of the	same type for the	same premises now	licensed;	
2. the licens	ee has complied with all	l laws of the Comr	nonwealth relating to	taxes; and	
3. the premi	ses are now open for bu	siness (If not expla	ain below)		
SIGNED BY:	Individual, Partner or	Authorized Corne	orata Officar		
	marviduai, i artiici oi	Authorized Corpe	rate Officer		
DATE:	TELEPHONE 1	MIMDED.	FMPI OYER	IDENTIFICAT	ION NUMBER:
	TELEPHONE	NUMBER:	(Note: NOT Indi		
Acts of 2004, signed	d, attest that we are in d by the building inspe certificate of liquor lia	ctor and the head	l of the fire departn	nent for the	above named
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved explain	 ain)				
(II disupproved expre	<i>,</i>				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	122600026		CITY OR TOWN	SPRINGFI	ELD
APPLICATION FOR	RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	UNO RESTAURAN	JTS, LLC.			
DOING BUSINESS A	PIZZERIA UNO F	RESTAURANT & BA	AR		
ADDRESS 1722 BOS	TON RD.				
CITY/TOWN: SPRIN	NGFIELD	STATE: MA	ZIP CODE:	01129	
MANAGER: SENEZ L.	Z, MICHAEL TYP	E OF LICENSE: Rest	taurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF L	CENSED PREMIS	ES:			
GROUND FLOOR FO	OR SERVICE AND	STORAGE.			
I hereby certify and sw	=				
		ne same type for the s	•		
2. the licensee	has complied with	all laws of the Comm	onwealth relating	to taxes; and	
3. the premise	s are now open for b	ousiness (If not explain	in below)		
SIGNED BY:					
	Individual, Partner	or Authorized Corpor	rate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOYE	R IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT In	dividual Social S	Security Number)
We the undersigned,	attest that we are i	n possession (1) the	certificate requi	red by Chapt	er 304 of the
Acts of 2004, signed	by the building insp	pector and the head	of the fire depart	tment for the	above named
license and (2) the ce	rtificate of liquor li	ability insurance re	equired by Chapto	er 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	1)				
DATE			-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 12	22600028		CITY OR TO	WN SPRINGFI	ELD
APPLICATION FOR RI	ENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: FA	ATHER & SON	S PIZZA, INC.			
DOING BUSINESS A	SOPHIA'S PIZZ	Ä			
ADDRESS 465 BRECK	WOOD BLVD.				
CITY/TOWN: SPRING	GFIELD	STATE: MA	ZIP CODE	E: 01109	
MANAGER: MAKRIS	S,JULIE TY	PE OF LICENSE:Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEA	ASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LIC	ENSED PREM	ISES:			
ADDITION OF APPRO ORIGINAL 1,075 SQ.F		TO 1996 OF APPRO	OX. 2,1 00 SQ.F.	Γ. ADDITION FI	ROM
I hereby certify and swea	ar under penaltie	s of perjury that:			
1. the renewed l	icense will be of	f the same type for the	e same premises	now licensed;	
2. the licensee h	as complied wit	h all laws of the Com	monwealth relati	ing to taxes; and	
3. the premises	are now open fo	r business (If not expl	lain below)		
SIGNED BY:					
Ir	ndividual, Partne	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	NE NUMBER:		OYER IDENTIFICAT	
			(Note: NO	T Individual Social S	Security Number)
We the undersigned, a	ttest that we ar	e in nossession (1) th	e certificate red	nuired by Chant	er 304 of the
Acts of 2004, signed by	the building ir	spector and the hea	d of the fire dep	partment for the	above named
license and (2) the cert	ificate of liquor	· liability insurance i	required by Ch	apter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122600031	C	CITY OR TOWN	SPRINGFIE	ELD
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: THREE T'S, 1	INC.			
DOING BUSINESS A BLARNEY	STONE			
ADDRESS 885 CAREW ST.				
CITY/TOWN: SPRINGFIELD	STATE: MA	ZIP CODE:	01103	
MANAGER: BERTE, THOMAS	TYPE OF LICENSE: Gene premi		ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PR FIRST FLOOR FOR SERVICE, BA I hereby certify and swear under pen 1. the renewed license will I 2. the licensee has complied 3. the premises are now ope SIGNED BY:	ASEMENT FOR STORAGE.	me premises now nwealth relating to below)		
DATE: TELEP	PHONE NUMBER:	EMPLOYER (Note: NOT Indi		ION NUMBER:
We the undersigned, attest that w Acts of 2004, signed by the buildin license and (2) the certificate of license	ng inspector and the head o	f the fire departn	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS: By:	ING AUTHO	ORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 122600032		CITY OR TOWN	SPRINGFIE	ELD
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NA	AME: NATIONAL HO	USE INC.			
DOING BUSI	NESS A				
ADDRESS 15	2-58 CENTER ST.				
CITY/TOWN:	SPRINGFIELD	STATE: MA	ZIP CODE:	01151	
MANAGER:	MIKAELIAN- VLK,SHARON A.	YPE OF LICENSE: Inn	holder CA	ATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		I
DESCRIPTIO	N OF LICENSED PREM	IISES:			
FIRST & SEC	OND FLOORS FOR SE	RVICE, CELLAR FOR	STORAGE.		
I hereby certify	y and swear under penalti	es of perjury that:			
1. the	renewed license will be o	of the same type for the	same premises now	licensed;	
2. the	licensee has complied wi	th all laws of the Comr	nonwealth relating to	taxes; and	
3. the	premises are now open for	or business (If not expl	ain below)		
SIGNED BY:					
	Individual, Partn	er or Authorized Corpo	orate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
			(Note: NOT Ind	ividual Social Se	ecurity Number)
Wa the made	rsigned, attest that we a	i (1) 4h		d bu Chauta	204 of the
	signed by the building i				
	the certificate of liquo				
Please Check Belo	<u>ow:</u>		LOCAL LICENS	ING AUTHO	RITY
APPROVED:			By:	11,01101110	
DISAPPROVE	ED:		Ž		
(If disapproved	d explain)		-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 122600038		CITY OR TO	WN SPRINGF	IELD
APPLICATION FO	R RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME	: ITALIAN-AM.	CITIZENS CLUB INC			
DOING BUSINESS	S A ITALIAN AM	ERICAN CITIZENS			
ADDRESS 123 CO	LTON ST.				
CITY/TOWN: SPI	RINGFIELD	STATE: MA	ZIP CODI	E: 01109	
	NLEY, T CHAEL J.	YPE OF LICENSE:C	lub	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF					
		RVICE, CELLAR FO	R STORAGE.		
I hereby certify and	•				
		of the same type for th	-		
	-	rith all laws of the Con		ing to taxes; and	
3. the prem	ises are now open	for business (If not exp	olain below)		
SIGNED BY:			O CC		
	Individual, Part	ner or Authorized Corp	orate Officer		
D.A. III. C.					
DATE:	TELEPHO	ONE NUMBER:		OYER IDENTIFICA	
			(140tc. <u>140</u>	T Individual Social S	security Number)
		are in possession (1) t			
		inspector and the hea or liability insurance			
	certificate of fiqu	or manney mourance	-	_	
Please Check Below: APPROVED:				ENSING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved expl	lain)				
*					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122600041		CITY OR TOWN SPRINGE	IELD
APPLICATION FOR RENEWAI	.: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: Limelight F DOING BUSINESS A Limelight			
ADDRESS 357 COTTAGE ST.			
CITY/TOWN: SPRINGFIELD	STATE: MA	ZIP CODE: 01104	
MANAGER: Cessarini, Mark P	TYPE OF LICENSE: Resi	taurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED I FIRST FLOOR FOR SERVICE, I I hereby certify and swear under p 1. the renewed license wi 2. the licensee has compl	BASEMENT FOR STORAGE enalties of perjury that: Il be of the same type for the	E. same premises now licensed; nonwealth relating to taxes; and	i .
SIGNED BY: Individual,	Partner or Authorized Corpor	rate Officer	
DATE: TELI	EPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
We the undersigned, attest that Acts of 2004, signed by the buil license and (2) the certificate of	ding inspector and the head	of the fire department for th	e above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	HORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 122600042		CITY OR TOW	N SPRINGFI	ELD
APPLICATION FO	R RENEWAL:	Annual	LICI	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME	: S.B.L.R. INC.				
DOING BUSINESS	S A MCCARTHY'	S TAVERN			
ADDRESS 811 CO	TTAGE ST.				
CITY/TOWN: SPI	RINGFIELD	STATE: MA	ZIP CODE:	01104	
	NTANIELLO, T ANCIS	TYPE OF LICENSE: Re-	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF					
		RACE FOR SERVICE,	CELLAR FOR S	TORAGE.	
I hereby certify and	•	1 3 .			
		of the same type for the	•		
	•	vith all laws of the Com		g to taxes; and	
3. the prem	ises are now open	for business (If not expl	ain below)		
SIGNED BY:					
	Individual, Part	ner or Authorized Corpo	orate Officer		
DATE:	TELEPHO	ONE NUMBER:		YER IDENTIFICA	
			(Note: NOT	Individual Social S	Security Number)
Acts of 2004, signe	ed by the building	are in possession (1) th inspector and the head	d of the fire depa	artment for the	above named
license and (2) the	certificate of liqu	or liability insurance r	required by Chap	pter 116 of the	Acts of 2010.
Please Check Below:	1		LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved exp	lain)				
(11 disappioved exp.	14111 <i>)</i>				_
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 122600043		CITY OR TOWN	SPRINGFIE	ELD	
APPLICATION FOR RENEWAL: Annual			LICEN	LICENSED FOR 2013		
		CLASS		7	YEAR	
LICENSEE NA	AME: FOREST PAI	RK POST #7352 VFW OI	F U.S. INC.			
DOING BUSIN	NESS A					
ADDRESS 63	COX ST.					
CITY/TOWN:	SPRINGFIELD	STATE: MA	ZIP CODE:	01108		
MANAGER:	MC LAUGHLIN, JOHN	TYPE OF LICENSE: Ve	eterans club CA	ATEGORY:	All Alcohol	
EMAIL ADDR	EESS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS			
	N OF LICENSED PR					
FIRST & SECO	OND FLOORS FOR	SERVICE AND STORAG	GE. Include outdoor	patio		
I hereby certify	and swear under pen	alties of perjury that:				
1. the	renewed license will l	be of the same type for the	same premises now	licensed;		
	-	l with all laws of the Com	•	taxes; and		
3. the 1	premises are now ope	en for business (If not expl	ain below)			
SIGNED BY:						
	Individual, Pa	artner or Authorized Corp	orate Officer			
DATE:	TELEP	HONE NUMBER:	EMPLOYER	RIDENTIFICATI	ON NUMBER:	
			(Note: NOT Ind	ividual Social Se	curity Number)	
We the under	signed attact that w	e are in possession (1) th	o contificato recuire	nd by Chanta	n 201 of the	
		ng inspector and the hea				
		quor liability insurance i				
Please Check Belo	<u>ow:</u>		LOCAL LICENS	ING AUTHO	RITY	
APPROVED:			By:			
DISAPPROVE	ED:					
(If disapproved	explain)					
			-			
D + 1775						
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 122600045		CITY OR TO	WN SPRINGFI	ELD
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	A COCONUTS				
ADDRESS 459 DIC		CTATE.		01100	
CITY/TOWN: SPR			A ZIP CODE		
	'ANIELLO, T' CENT	YPE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DEG COMPENSIVOE		WEBSITE AND ENTER YOU	JR EMAIL ADDRESS		
DESCRIPTION OF FIRST FLOOR FOR			AGE To include o	utdoor patio	
I hereby certify and			AGE. TO menude o	utuooi patio.	
•	•	of the same type for	the same premises	now licensed;	
		ith all laws of the Co	•		
	-	or business (If not e			
SIGNED BY:					
	Individual, Partn	er or Authorized Co	orporate Officer		
DATE:			EMDL	OVED IDENTIFICAT	EION MINADED
DATE.	TELEPHO	ONE NUMBER:		OYER IDENTIFICAT $\underline{\Gamma}$ Individual Social S	
			`		, , , , , , , , , , , , , , , , , , , ,
We the undersigne Acts of 2004, signe license and (2) the	d by the building	inspector and the h	ead of the fire dep	partment for the	above named
Please Check Below:	our variables of inqui	21 22 W 22 W 2	-	ENSING AUTH	
APPROVED:			By:	ENSING AUTH	OKITI
DISAPPROVED: [_ ,.		
(If disapproved expl	ain)				
DATE.					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 122600048		CITY OR TOWN	SPRINGFIELD	
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	ISED FOR 2013	
		CLASS		YEAF	3
LICENSEE N.	AME: BINO, INC.				
DOING BUSI	NESS A CENTER ST	'AGE			
ADDRESS 26	5 DWIGHT ST.				
CITY/TOWN:	SPRINGFIELD	STATE: MA	ZIP CODE:	01103	
MANAGER:	HUBENY, MATTHEW	TYPE OF LICENSE:G	eneral on Cremise	CATEGORY: All A	Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
	N OF LICENSED PRE				
IN APPROX 1 STORAGE.	.500SQFT ON FIRST	FLOOR FOR SERVICE	E & STORAGE, BAS	SEMENT FOR	
I hereby certify	y and swear under pena	ulties of perjury that:			
1. the	renewed license will b	e of the same type for th	e same premises nov	v licensed;	
2. the	licensee has complied	with all laws of the Com	monwealth relating	to taxes; and	
3. the	premises are now oper	n for business (If not exp	lain below)		
SIGNED BY:			0.00		
	Individual, Pai	rtner or Authorized Corp	orate Officer		
DATE:		VOLUE 1 W 1 (D E D	EMDI OVE	D IDENTIFICATION N	IIMDED.
DATE.	TELEPF	HONE NUMBER:		R IDENTIFICATION NU dividual Social Security I	
		e are in possession (1) the grain in the hearth in the inspector and the hearth in the			
		uor liability insurance			
Please Check Bel	ow:		LOCAL LICEN	SING AUTHORITY	I
APPROVED:			By:		
DISAPPROVI					
(If disapproved	ı expiain)				
DATE:					
APPLICATION FOR	R RENEWAL MUST BE FILED	BY LICENSEES DURING THE	MONTH OF NOVEMBER (1	M.G.L. Ch. 138 \$ 16A)	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	122600049		CITY OR TOW	N SPRINGFI	ELD
APPLICATION FOR	RENEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 382-86 D	A THE PUB	Street, LLC			
CITY/TOWN: SPRI		STATE: MA	ZIP CODE:	01103	
MANAGER: DONG				CATEGORY:	All Alcohol
EMAIL ADDRESS:	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EN	AAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMI	SES:			
APPROX 2250SQFT & STORAGE.	ON FIRST FLOOF	R AND APROX 2250	SQFT IN BASE	MENT FOR SE	ERVICE
I hereby certify and sv	vear under penalties	of perjury that:			
		the same type for the	•		
	1	all laws of the Comm		g to taxes; and	
3. the premise	es are now open for	business (If not expla	ain below)		
SIGNED BY:	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	E NUMBER:		YER IDENTIFICAT	
We the undersigned Acts of 2004, signed license and (2) the co	by the building in	spector and the head	l of the fire depa	rtment for the	above named
Please Check Below:			LOCAL LICE	NSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	n)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 122600050		CITY OR TOWN	SPRINGFII	ELD
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: CHESSMEN	LOUNGE INC.			
DOING BUSI	NESS A				
ADDRESS 45	9 DWIGHT ST.				
CITY/TOWN:	SPRINGFIELD	STATE: MA	ZIP CODE:	01103	
MANAGER:	MOSES, NICHOLAS	TYPE OF LICENSE: Re	estaurant C.	ATEGORY:	All Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		-
	N OF LICENSED PR				
		SEMENT FOR STORAG	GE.		
	y and swear under pen	1 0 0			
		be of the same type for the	1		
	-	with all laws of the Com	_	o taxes; and	
3. the	premises are now ope	n for business (If not expl	lain below)		
SIGNED BY:					
	Individual, Pa	rtner or Authorized Corp	orate Officer		
DATE:	TELEP	HONE NUMBER:	EMPLOYE	R IDENTIFICAT	ION NUMBER:
			(Note: NOT Inc	lividual Social So	ecurity Number)
We the under	rsioned attest that w	e are in possession (1) th	ne certificate requir	ed by Chante	er 304 of the
		ng inspector and the hea			
license and (2	2) the certificate of liq	quor liability insurance	required by Chapte	r 116 of the <i>A</i>	Acts of 2010.
Please Check Belo	ow:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVI					
(If disapproved	d explain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 122600052		CITY OR TOWN	SPRINGFIELD		
APPLICATION	FOR RENEWAL:	Annual	LICEN	ISED FOR 2013		
		CLASS		YEAR		
LICENSEE NAM	ME: HELESANT II	NC.				
DOING BUSINE	ESS A SCORES					
ADDRESS 4531	1/2 WORTHINGTON	N STREET				
CITY/TOWN:	SPRINGFIELD	STATE: MA	ZIP CODE:	01105		
	AMSDEN, CATERINA A.	TYPE OF LICENSE:G	eneral on Cremise	ATEGORY: All Alcoho		
EMAIL ADDRE	ESS:					
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS			
	OF LICENSED PRE					
	RICK BUILDING, I FLOOR FOR STOR	FIRST FLOOR FOR SE AGE.	RVEIC AND STOR	AGE, BASEMENT		
I hereby certify a	and swear under pena	ulties of perjury that:				
1. the re	enewed license will be	e of the same type for th	e same premises nov	v licensed;		
2. the lie	censee has complied	with all laws of the Con	nmonwealth relating	to taxes; and		
3. the pr	remises are now oper	n for business (If not exp	olain below)			
SIGNED BY:						
	Individual, Par	rtner or Authorized Corp	oorate Officer			
DATE:	TELEPH	HONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER:		
			(Note: NOT In	dividual Social Security Numbe		
We the undersi	gned, attest that we	e are in possession (1) t	he certificate requi	ed by Chapter 304 of th		
Acts of 2004, si	gned by the buildin	g inspector and the hea	ad of the fire depart	ment for the above nam		
license and (2)	the certificate of liq	uor liability insurance	required by Chapto	er 116 of the Acts of 2010		
Please Check Below	<u>:</u>		LOCAL LICEN	SING AUTHORITY		
APPROVED:			By:			
DISAPPROVED (If disapproved e						
(II disappioved c	mp.mii)					
DATE:						
APPLICATION FOR R	ENEWAL MUST BE FILED	BY LICENSEES DURING THE	MONTH OF NOVEMBER (1	M.G.L. Ch. 138 \$ 16A)		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 12	2600053		CITY OR TOWN	SPRINGFI	ELD
APPLICATION FOR RE	ENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: JA DOING BUSINESS A C ADDRESS 397-39 9 DW)Z				
CITY/TOWN: SPRING	FIELD	STATE: MA	ZIP CODE:	01103	
MANAGER: DROST,	MICHAEL TYPE	OF LICENSE: Res	staurant (CATEGORY:	All Alcohol
EMAIL ADDRESS: PLEAS DESCRIPTION OF LICH APPROX 2500 SQFT OF	ENSED PREMISE			, CELLAR FO] R
2. the licensee ha	cense will be of the as complied with a	f perjury that: e same type for the ll laws of the Comr usiness (If not expla	nonwealth relating		
SIGNED BY:	dividual, Partner o	r Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT	
We the undersigned, at Acts of 2004, signed by license and (2) the certi	the building insp	ector and the head	d of the fire depar	rtment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICEN By:	NSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	122600054		CITY OR TOWN	SPRINGFI	ELD
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 1380 BOS	THE OLIVE GAI	RDEN ITALIAN RI	ESTAURANT #1460	0	
CITY/TOWN: SPRII		STATE: MA	ZIP CODE:	01129	
MANAGER: MEDE			estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF L		EBSITE AND ENTER YOUR I	EMAIL ADDRESS		
2. the licensee	d license will be of has complied with	the same type for th	e same premises now monwealth relating lain below)		
SIGNED BY:	Individual, Partner	or Authorized Corp	oorate Officer		
DATE:	TELEPHON	E NUMBER:			ΓΙΟΝ NUMBER: Security Number)
We the undersigned, Acts of 2004, signed license and (2) the ce	by the building ins	spector and the hea	d of the fire depart	tment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICENS By:	SING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	K: 122600058		C	ITY OR TOW	N SPRINGFI	ELD
APPLICATION FOI	R RENEWAL:	Annu	al	LIC	ENSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 290 EAS	A EAST SPRINGF					
CITY/TOWN: SPR		STATE:	МА	ZIP CODE:	01104	
	IAN, WALTER TY			ZIF CODE.	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
2. the licens	SERVICE AND ST	SES: CORAGE, APP s of perjury tha the same type a all laws of the	ROX. 361 t: for the sar Commor	3 S/F. me premises n wealth relatir		
SIGNED BY:	Individual, Partner	or Authorized	Corporat	e Officer		
DATE:	TELEPHON	IE NUMBER:			YER IDENTIFICAT	
Acts of 2004, signed	d, attest that we are d by the building in certificate of liquor	spector and th	e head of	the fire depa	artment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)			LOCAL LICE By:	ENSING AUTH	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	22600059		CITY OR TOWN	SPRINGFI	ELD
APPLICATION FOR R	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: S	TUDENT PRIN	ICE CAFE INC. OF S	PRINGFIELD		
DOING BUSINESS A					
ADDRESS 008-14 FOI	RT ST.				
CITY/TOWN: SPRIN	GFIELD	STATE: MA	ZIP CODE:	01103	
MANAGER: SCHER	FF, RUDI TY	YPE OF LICENSE: Re	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LIGHT FIRST FLOOR FOR SITE I hereby certify and sween to the renewed of the licensee of the premises of the premise of the pr	CENSED PREMERVICE AND Sear under penaltical license will be on the has complied with a renow open for the sear that the search of the search o	TORAGE	e same premises now monwealth relating to lain below)		
DATE:	TELEPHO	NE NUMBER:	EMPLOYEF (Note: <u>NOT</u> Ind		TON NUMBER:
We the undersigned, a Acts of 2004, signed b license and (2) the cer	y the building i	nspector and the hea	d of the fire departi	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:	1		By:		
DISAPPROVED:(If disapproved explain)				
(ii disappioved explain	,				
DATE:					
APPLICATION FOR RENEWAL	L MUST BE FILED BY	LICENSEES DURING THE 1	MONTH OF NOVEMBER (M	I.G.L. Ch. 138 \$ 16	5A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 122600060		CITY (OR TOWN	SPRINGFI	ELD
APPLICATION FO	R RENEWAL:	Annual CLASS		LICEN	SED FOR 20)13 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 021-23 I	A SHAKAGO MAR	RTINI AND PIA	NO BAR			
CITY/TOWN: SPR	RINGFIELD	STATE: N	1A ZIP	CODE:	01103	
MANAGER: FAT SHA	EMI, TYF	PE OF LICENSE	:Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WE		UR EMAIL ADDR	ESS		
	LICENSED PREMIS		·		. 4:1	CI C
approx 1197 sq ft on storage	first floor, 1197 sf or	n second floor to	r service. Ba	sement for s	storage, third	floor for
3. the premi	ises are now open for Individual, Partner	·				
DATE:	TELEPHON	E NUMBER:	(N			TON NUMBER: ecurity Number)
Acts of 2004, signe	d, attest that we are d by the building ins certificate of liquor	spector and the	head of the f	fire departı	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl.	ain)		LOCA By:	AL LICENS	ING AUTHO	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122	600063		C.	II Y OK TOV	VIV SPRINGI	FIELD
APPLICATION FOR REM	NEWAL:	Annu	al	LIC	ENSED FOR	2013
		CLAS	SS			YEAR
LICENSEE NAME: AN' DOING BUSINESS A CA	ABARET					
ADDRESS 32 HANCOCI	K STREET					
CITY/TOWN: SPRINGE	TELD	STATE:	MA	ZIP CODE	: 01109	
MANAGER: BLEDSOF	E, LYNN TYF	E OF LICENS	SE:Restar	ırant	CATEGORY	: All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF LICE FIRST FLOOR FOR SER I hereby certify and swear 1. the renewed lic 2. the licensee has 3. the premises ar	VICE, BASEM under penalties ense will be of a complied with	ent for store of perjury that the same type all laws of the	t: for the sar Commor	nwealth relati		1
SIGNED BY:	ividual, Partner	or Authorized	Corporat	te Officer		
DATE:	TELEPHON	E NUMBER:				ATION NUMBER: Security Number)
We the undersigned, atta Acts of 2004, signed by t license and (2) the certifi	he building ins	pector and th	e head of	f the fire dep	artment for th	e above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)				LOCAL LICI By: 	ENSING AUTI	HORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 122600066		CITY OR TOWN	SPRINGFI	ELD
APPLICATION FOR	R RENEWAL:	Annual	LICE	NSED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	FAMILY PIZZERIA	EUROPA JERR	Y INC.		
DOING BUSINESS	A FAMILY PIZZERIA	A EUROPA			
ADDRESS 715 SUN	MMER AVE				
CITY/TOWN: SPR	INGFIELD	STATE: MA	ZIP CODE:	01108	
	RANO, TYPE ANDA	OF LICENSE:R	estaurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:]
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMISE	S:			
APPROX 2500 SQ I OUTDOOR SEATS	T ON FIRST FLOOR ON PATIO	FOR SERVICE A	AND STORAGE-TO) INCLUDE 2	5
	ee has complied with al ses are now open for bu Individual, Partner or	siness (If not exp	lain below)	to taxes; and	
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT	
Acts of 2004, signed	d, attest that we are in d by the building inspo certificate of liquor lia	ector and the he	ad of the fire depar	tment for the	above named
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved explain	 ain)				
(II disupproved expre	,				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 122600067		CITY OR TOWN SPRIN	GFIELD
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FOI	R 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 350 WOR	A 350 grill	TREET		
CITY/TOWN: SPR	INGFIELD	STATE: MA	ZIP CODE: 01104	
MANAGER: VIA,	SHERRI	TYPE OF LICENSE: Res	taurant CATEGOF	RY: All Alcohol
EMAIL ADDRESS:	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF I	LICENSED PRE	EMISES:		
		DOOR COURTYARD FO ON FIRST FLOOR FOR S	OR SERVICE IN SEASON. SERVICE	FRONT
I hereby certify and s	wear under pena	lties of perjury that:		
		• •	same premises now licensed	
			nonwealth relating to taxes; a	and
3. the premis	ses are now oper	n for business (If not expla	in below)	
SIGNED BY:	Individual, Par	rtner or Authorized Corpo	rate Officer	
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTIF	
Acts of 2004, signed	by the buildin	g inspector and the head	e certificate required by Ch l of the fire department for equired by Chapter 116 of	the above named
Please Check Below:			LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVED:	:)			
(If disapproved expla	IIII <i>)</i>			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 1226000069		CITY OR TO	OWN SPRINGI	FIELD
APPLICATION FOR	RENEWAL:	Annual	LI	ICENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME:	MORIARTY'S P	UB AND GRILL IN	C.		
DOING BUSINESS	A MORIARTY'S	PUB AND GRILL			
ADDRESS 753-55 L	IBERTY ST.				
CITY/TOWN: SPR	INGFIELD	STATE: MA	ZIP COD	E: 01104	
	RIARTY, TY HAEL P.	YPE OF LICENSE:R	lestaurant	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF 1	LICENSED PREM	IISES:			
FIRST FLOOR FOR	SERVICE, BASE	MENT FOR STORA	GE.		
I hereby certify and s	wear under penalti	es of perjury that:			
1. the renew	ed license will be o	of the same type for the	ne same premises	now licensed;	
2. the license	ee has complied wi	th all laws of the Cor	nmonwealth rela	ting to taxes; and	l
3. the premis	ses are now open for	or business (If not exp	plain below)		
SIGNED BY:					
	Individual, Partn	er or Authorized Cor	porate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPI	LOYER IDENTIFICA	ATION NUMBER:
			(Note: <u>NC</u>	OT Individual Social	Security Number)
We the undersigned	d attest that we a	re in nossession (1) t	he certificate re	equired by Char	nter 304 of the
		nspector and the he			
license and (2) the o	ertificate of liquo	r liability insurance	required by Cl	napter 116 of the	e Acts of 2010.
Please Check Below:			LOCAL LIG	CENSING AUTI	HORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	uin)		-		
D 4 mm					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 12.	2600071	C	II Y OK TOW	N SPRINGFI	ELD
APPLICATION FOR RE	NEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: ME	ELHA TEMPLE AA	AONMS			
DOING BUSINESS A M	IELHA TEMPLE	AAONMS			
ADDRESS 133 LONGHI	ILL ST.				
CITY/TOWN: SPRING	FIELD	STATE: MA	ZIP CODE:	01103	
MANAGER: MARCEA RICHARI	,	OF LICENSE: Club		CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEAS	SE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EMAI	IL ADDRESS		_
DESCRIPTION OF LICE	ENSED PREMISES	S:			
1STFLOOR 2ND FLOOR	R& BASEMENT F	OOR SERVICE& ST	TORAGE OF S	SAID BUILDIN	IG
I hereby certify and swear	under penalties of	perjury that:			
1. the renewed lie	cense will be of the	same type for the sa	ime premises n	ow licensed;	
2. the licensee ha	s complied with all	laws of the Commo	nwealth relatin	ig to taxes; and	
3. the premises a	re now open for bus	siness (If not explain	below)		
SIGNED BY:					
Inc	dividual, Partner or	Authorized Corpora	te Officer		
DATE:	TELEPHONE N	NUMBER:	EMPLO'	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
	12211101121	,011221	(Note: NOT	Individual Social S	Security Number)
We the undersigned, at Acts of 2004, signed by					
license and (2) the certif					
Please Check Below:	-		I OCAL LICE	NSING AUTH	ODITY
APPROVED:			By:	MSING AUTH	OKITI
DISAPPROVED:			Dy.		
(If disapproved explain)					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	122600074		CITY OR TOW	/N SPRINGFI	ELD
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	MEI'S CHINA	A GOURMET, LLC			
DOING BUSINESS A	A CHINA GO	URMET			
ADDRESS 1374 ALL	EN STREET				
CITY/TOWN: SPRI	NGFIELD	STATE: MA	ZIP CODE:	01105	
MANAGER: LUO,	MEI LAN	TYPE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF L	ICENSED PR	EMISES:			
T. 1	•	14 6 4 4			
I hereby certify and sv	-	ialties of perjury that: be of the same type for th	a sama pramisas p	ow licenced:	
		l with all laws of the Con	•		
	_	en for business (If not exp		ig to taxes, and	
		\ 1	,		
SIGNED BY:					
	Individual, Pa	artner or Authorized Corp	oorate Officer		
DATE:	TELEP	PHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:		
			(Note: NOT	Individual Social S	Security Number)
		e are in possession (1) t			
		ng inspector and the hea quor liability insurance			
. ,	or include of in	quoi masmiy msarance		-	
Please Check Below: APPROVED:			LOCAL LICE By:	ENSING AUTH	ORITY
DISAPPROVED:			Бу.		
(If disapproved explai	n)				
D 4 TF					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 122600075		CITY OR TOWN	SPRINGFIELD
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	ISED FOR 2013 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 132 MA	A SOLMAR REST	AURANT & CATE	RING	
CITY/TOWN: SPR	RINGFIELD	STATE: MA	ZIP CODE:	01151
	OARD, TY PHEN T.	PE OF LICENSE:R	estaurant C	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR W		EMAIL ADDRESS	
DESCRIPTION OF 1ST FL FOR DERV AREA APPROX. 22	ICE & STORAGE E	BASEMENT FOR S	TORAGE & OUTSI	DE FENCED IN
	ises are now open for		, 	to taxes; and
DATE:	TELEPHON	NE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004, signe	d by the building in	spector and the he	ad of the fire depart	red by Chapter 304 of the ment for the above named er 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122600076	•	CITY OR TOWN SPRINGE	IELD
APPLICATION FOR RENEWAL	L: Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: J.F.G. ENT	ERTAINMENT, INC		
DOING BUSINESS A ORCHAR	RD LOUNGE		
ADDRESS 186 MAIN ST.			
CITY/TOWN: SPRINGFIELD	STATE: MA	ZIP CODE: 01151	
MANAGER: TEAL, ALAN C.	TYPE OF LICENSE: Res	staurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VIS	SIT OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
FIRST FLOOR FOR SERVICE A	AND STORAGE . 16x24 outs	side fenced in area for service	
I hereby certify and swear under p	penalties of perjury that:		
1. the renewed license wi	ll be of the same type for the	same premises now licensed;	
2. the licensee has compl	ied with all laws of the Comr	nonwealth relating to taxes; and	
3. the premises are now of	open for business (If not expla	ain below)	
SIGNED BY:			
Individual,	Partner or Authorized Corpo	orate Officer	
DATE: TELL	EPHONE NUMBER:	EMPLOYER IDENTIFICA	TION NUMBER:
I DE	EI HONE NOMBER.	(Note: NOT Individual Social	Security Number)
We the undersigned, attest that Acts of 2004, signed by the buil			
license and (2) the certificate of			
Please Check Below:		LOCAL LICENSING AUTH	IORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE		-	
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 122600077		CITY OR TOWN	N SPRINGFI	ELD
APPLICATION FOR	R RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	RIBBERY SPORTS	S BAR & GRILL IN	C.		
DOING BUSINESS	A RIBBERY SPOR	TS BAR & GRILL			
ADDRESS 537-39 N	MAIN ST.				
CITY/TOWN: SPR	INGFIELD	STATE: MA	ZIP CODE:	01151	
	ARIO III, TYP TOR M.	PE OF LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF					
FIRST FLOOR FOR			E.		
I hereby certify and s	-				
	ed license will be of t	• •	•		
	ee has complied with		_	g to taxes; and	
3. the premis	ses are now open for	business (If not expla	in below)		
SIGNED BY:	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOY	ER IDENTIFICAT	TION NUMBER:
			(Note: NOT)	Individual Social S	ecurity Number)
Acts of 2004, signed	d, attest that we are d by the building ins certificate of liquor l	pector and the head	of the fire depar	rtment for the	above named
Please Check Below:			LOCAL LICEN	NSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	• `				
(If disapproved expla	un)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1226	00078	CITY OR TO	WN SPRINGFIEL	עב
APPLICATION FOR REN	EWAL: Ann	ıal LIC	CENSED FOR 201	3
	CLA	SS	Y	EAR
LICENSEE NAME: BLA DOING BUSINESS A SM	ITH'S BILLILARDS	C.		
ADDRESS 207 WORTHIN				
CITY/TOWN: SPRINGFI	ELD STATE:	MA ZIP CODE	E: 01103	
MANAGER: WEPPLER	, KEITH TYPE OF LICEN	SE:Restaurant	CATEGORY: A	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICEN 207 WORTHINGTON STE I hereby certify and swear u 1. the renewed lice 2. the licensee has 3. the premises are SIGNED BY:	REET,SECOND FLOOR FO	or SERVICE AND ST at: for the same premises are e Commonwealth relation of explain below)	now licensed;	
DATE:	TELEPHONE NUMBER:		OYER IDENTIFICATION $oldsymbol{\Gamma}$ Individual Social Section	
Acts of 2004, signed by th	st that we are in possession te building inspector and t cate of liquor liability insu	he head of the fire dep	partment for the al	bove named
Please Check Below:		LOCAL LIC	ENSING AUTHOR	RITY
APPROVED:		By:		
DISAPPROVED: (If disapproved explain)				
(11 disappioved explain)				-
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 122600079		CITY OR TOW	N SPRINGFI	ELD
APPLICATION FO	R RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	R & R CAFE, INC	C.			
DOING BUSINESS	A MR.D'S SPORT	S BAR			
ADDRESS 572-78 1	MAIN ST.				
CITY/TOWN: SPE	RINGFIELD	STATE: MA	ZIP CODE:	01105	
	ROSIER, TY GER PAUL	PE OF LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:	:				
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMI	SES:			
		MENT FOR STORAG	E.		
•	swear under penaltie	1 3 2			
		the same type for the	-		
	-	h all laws of the Comn		ig to taxes; and	
3. the premi	ises are now open for	r business (If not expla	nin below)		
SIGNED BY:					
	Individual, Partne	r or Authorized Corpo	rate Officer		
DATE:	TELEPHON	NE NUMBER:		YER IDENTIFICAT	
			(Note: NOT	Individual Social S	Security Number)
Acts of 2004, signe	d by the building in	e in possession (1) the spector and the head liability insurance re	of the fire depa	artment for the	above named
Please Check Below:				ENSING AUTH	
APPROVED:			By:	# (SII (G 71C 111	
DISAPPROVED:			J		
(If disapproved expl	ain)				
D . 1777					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 122600087	(CITY OR TOWN	SPRINGFI	ELD
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NA	AME: COLONY C	LUB			
DOING BUSI	NESS A				
ADDRESS 150	00 MAIN ST.				
CITY/TOWN:	SPRINGFIELD	STATE: MA	ZIP CODE:	01103	
MANAGER:	ST. PETER, STEPHEN M.	TYPE OF LICENSE: Club	C	ATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMA	IL ADDRESS		_
	N OF LICENSED P				
		OR SERVICE AND STORAG	GE.		
, ,	•	nalties of perjury that:			
		be of the same type for the sa	_		
2. the	licensee has complie	d with all laws of the Commo	nwealth relating t	o taxes; and	
3. the	premises are now op	en for business (If not explair	n below)		
SIGNED BY:					
	Individual, P	artner or Authorized Corpora	ite Officer		
DATE:	TELEI	PHONE NUMBER:		R IDENTIFICAT	
			(Note: NOT Ind	dividual Social S	ecurity Number)
We the under	signed, attest that v	ve are in possession (1) the o	certificate requir	ed by Chapte	er 304 of the
Acts of 2004,	signed by the buildi	ng inspector and the head o	of the fire depart	ment for the	above named
license and (2) the certificate of li	quor liability insurance req	uired by Chapte	er 116 of the A	Acts of 2010.
Please Check Belo	ow:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	i expiaiii)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 122600088		CITY	OR TOWN	SPRINGFI	ELD
APPLICATION FO	R RENEWAL:	Annual CLASS		LICEN	SED FOR 20)13 YEAR
	MARRIOTT HOTE A SPRINGFIELD M AIN ST.	EL SERVICES,	INC.			
CITY/TOWN: SPR	RINGFIELD	STATE:	MA ZI	P CODE:	01115	
MANAGER: HES E.	S JR., WILIAM TYP	PE OF LICENS	E:Innholder	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
DEGCDIDATON OF	PLEASE ALSO VISIT OUR WI		OUR EMAIL ADDI	RESS		
	LICENSED PREMIS O & POOL AREA &		OR(CHAM	PION 'S) FO	R SERVICE	AND
2. the licens	yed license will be of see has complied with ses are now open for Individual, Partner	all laws of the business (If not	Commonwea explain belo	lth relating to w)		
DATE:	TELEPHON	E NUMBER:	(I			TION NUMBER: ecurity Number)
Acts of 2004, signe	d, attest that we are d by the building ins certificate of liquor	spector and the	head of the	fire departi	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOC By:	AL LICENS	ING AUTHO	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 122600091		CITY OR TOWN	SPRINGFIE	ELD
APPLICATION FOR	RENEWAL:	Annual	LICENS	SED FOR 20	13
		CLASS		,	YEAR
LICENSEE NAME:	1716 MAIN STRE	ET,INC.			
DOING BUSINESS A	A STONE WALL T	CAVERN			
ADDRESS 1716 MA	IN ST.				
CITY/TOWN: SPRI	NGFIELD	STATE: MA	ZIP CODE:	01103	
MANAGER: GEOF	RGE,Gregory TYI	PE OF LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF L		SES:			
FIRST FLOOR FOR					
I hereby certify and sv	•	1 5 6			
		the same type for the	-		
	•	all laws of the Comm	_	taxes; and	
3. the premise	es are now open for	business (If not expla	in below)		
SIGNED BY:	Individual Dartner	or Authorized Corpo	roto Officer		
	marviduai, Farmei	of Authorized Corpc	rate Officer		
DATE:	TELEDIJON	E NUMBED.	EMPI OYER	. IDENTIFICATI	ION NUMBER:
	TELEPHON	E NUMBER:	(Note: NOT Indi		
We the undersigned Acts of 2004, signed					
license and (2) the co	•	-	•		
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	in)				
DATE:					
DATE.					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 12	22600092		CITY OR TO	JWN SPRINGE	IELD
APPLICATION FOR R	ENEWAL:	Annual	L	ICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME: S					
DOING BUSINESS A	ΓUNG HAI RESTA	AURANT			
ADDRESS 1301 LIBER	CTY STREET				
CITY/TOWN: SPRING	GFIELD	STATE: MA	ZIP COD	DE: 01104	
MANAGER: TANG,	KIM CHAM TYPE	OF LICENSE: R	estaurant	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LIC	ENSED PREMISE	S:			
FIRST FLOOR FOR SE	RVICE AND STO	RAGE.			
I hereby certify and swea	ar under penalties o	f perjury that:			
	license will be of the		ne same premises	s now licensed;	
2. the licensee h	nas complied with a	ll laws of the Cor	nmonwealth rela	ting to taxes; and	[
3. the premises	are now open for bu	usiness (If not exp	olain below)		
CICNED DV.					
SIGNED BY:	ndividual, Partner o	r Authorized Cor	porate Officer		
	,				
DATE					
DATE:	TELEPHONE	NUMBER:		LOYER IDENTIFICA	
			(Note: <u>N</u>	OT Individual Social	Security Number)
We the undersigned, a	ttest that we are in	n possession (1) t	he certificate re	equired by Char	oter 304 of the
Acts of 2004, signed by	y the building insp	ector and the he	ad of the fire de	epartment for th	e above named
license and (2) the cert	ificate of liquor lia	ability insurance	required by Cl	napter 116 of the	e Acts of 2010.
Please Check Below:			LOCAL LIC	CENSING AUTH	HORITY
APPROVED:			By:		
DISAPPROVED:			•		
(If disapproved explain)			-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122	2600093		CITY OR TO	WN SPRINGE	IELD
APPLICATION FOR RE	NEWAL:	Annual	LI	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME: 117	71 Main Street LL	.C			
DOING BUSINESS A M	IcCaffrey's PUBL	IC HOUSE			
ADDRESS 1171 MAIN S	ST				
CITY/TOWN: SPRING	FIELD	STATE: MA	ZIP COD	E: 01103	
MANAGER: Gossman,	Raymond TYPE	E OF LICENSE: Re	estaurant	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
PLEAS	E ALSO VISIT OUR WEB	SITE AND ENTER YOUR F	EMAIL ADDRESS		
DESCRIPTION OF LICE	ENSED PREMISE	ES:			
FIRST FLOOR FOR SER	VICE AND STO	RAGE. CELLAR	FOR STORAGI	Е	
I hereby certify and swear	under penalties o	of perjury that:			
1. the renewed lic	cense will be of th	e same type for the	e same premises	now licensed;	
2. the licensee ha	s complied with a	ll laws of the Com	monwealth relat	ing to taxes; and	
3. the premises an	re now open for b	usiness (If not exp	lain below)		
SIGNED BY:					
	lividual, Partner c	r Authorized Corp	orate Officer		
DATE:	TELEDITONE	MANDED	EMPI	OYER IDENTIFICA	ATION NUMBER:
	TELEPHONE	NUMBER:		T Individual Social	
			`		,
We the undersigned, att					
Acts of 2004, signed by					
license and (2) the certif	icate of fiquor in	admity insurance	required by Cn	apter 116 of the	e Acts of 2010.
Please Check Below:			LOCAL LIC	CENSING AUTH	HORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE					<u></u>
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 122600094		CITY OR TOWN SPRING	IFIELD
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME	: TORCIA & SON	S INC.		
DOING BUSINESS	S A THE FAT CAT	BAR & GRILL		
ADDRESS 222-34	WORTHINGTON S	TREET		
CITY/TOWN: SP	RINGFIELD	STATE: MA	ZIP CODE: 01103	
MANAGER: Gau	thier, Shavone L TY	PE OF LICENSE: Res	taurant CATEGOR`	Y: All Alcohol
EMAIL ADDRESS	4:			
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF	F LICENSED PREM	ISES:		
			TABLES AND CHAIRS AL IAIRS. STORAGE IN BASE	
I hereby certify and	swear under penaltie	es of perjury that:		
1. the rener	wed license will be o	f the same type for the	same premises now licensed;	
2. the licen	see has complied wit	h all laws of the Comm	nonwealth relating to taxes; an	nd
3. the prem	nises are now open for	r business (If not expla	in below)	
SIGNED BY:			0.00	
	Individual, Partne	er or Authorized Corpo	rate Officer	
D. 4 (TE)				
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Soci	al Security Number)
			e certificate required by Cha	
			of the fire department for t equired by Chapter 116 of the	
ncense and (2) the	certificate of fiquor	mability insurance re	equired by Chapter 110 of the	ne Acts of 2010.
Please Check Below: APPROVED:	1		LOCAL LICENSING AUT	THORITY
DISAPPROVED:			By:	
(If disapproved exp	lain)			
, II	,			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 122600095		CITY OR TOWN SPRING	IFIELD
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	MY JO-JO, INC.			
DOING BUSINESS A	A POT BELLY'S PU	J B		
ADDRESS 153-55 M	IAIN ST.			
CITY/TOWN: SPRI	INGFIELD	STATE: MA	ZIP CODE: 01151	
MANAGER: DROULYDI	- ,	E OF LICENSE: Rest	caurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:				
I	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM.	AIL ADDRESS	
DESCRIPTION OF I	LICENSED PREMIS	ES:		
FIRST FLOOR FOR	SERVICE, BASEMI	ENT FOR STORAGE	Ξ.	
I hereby certify and sv	•	1 5 5		
		* *	same premises now licensed;	
	•		onwealth relating to taxes; an	d
3. the premis	ses are now open for b	ousiness (If not explain	in below)	
SIGNED BY:			0.00	
	Individual, Partner	or Authorized Corpor	rate Officer	
DATE:	TELEPHONE	E NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Social	al Security Number)
We the undersigned	l, attest that we are i	in possession (1) the	certificate required by Cha	pter 304 of the
, 0			of the fire department for t	
license and (2) the c	ertificate of liquor l	iability insurance re	quired by Chapter 116 of the	ne Acts of 2010.
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved expla	in)			
(ii disappioved expia	III <i>)</i>			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122600097		CITY OR TOWN SPRINGI	FIELD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: E.Z.E.L., INC. DOING BUSINESS A REGAL BEA	GLE		
ADDRESS 567-69 MAIN ST.			
CITY/TOWN: SPRINGFIELD	STATE: MA	ZIP CODE: 01151	
MANAGER: MAKOL, NORMA J.	TYPE OF LICENSE: Res	taurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED PRE			
FIRST FLOOR FOR SERVICE, BAS		E.	
I hereby certify and swear under pena	- · ·		
1. the renewed license will be	• •	same premises now incensed; nonwealth relating to taxes; and	1
3. the premises are now open		<u>-</u>	1
	\ I	,	
SIGNED BY: Individual, Par	tner or Authorized Corpor	rate Officer	
DATE: TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
We the undersigned, attest that we Acts of 2004, signed by the building license and (2) the certificate of liqu	g inspector and the head	of the fire department for th	e above named
Please Check Below:		LOCAL LICENSING AUTI	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:		_	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: I	.22600101	(LITY OR TOWN	SPRINGFII	ELD
APPLICATION FOR R	RENEWAL:	Annual	LICENS	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: ODOING BUSINESS A ADDRESS 155 MAPL	CARREGAN'S				
CITY/TOWN: SPRIN		STATE: MA	ZIP CODE:	01105	
	I, JEFFREY TYPE (All Alcohol
EMAIL ADDRESS:					
	EASE ALSO VISIT OUR WEBSI		AIL ADDRESS		
ONE ROOM, FIRST F			7		
I hereby certify and swe			2.		
•	license will be of the		ame premises now l	licensed;	
	has complied with all	• •	•		
3. the premises	s are now open for bus	siness (If not explai	n below)		
SIGNED BY:	Individual, Partner or	Authorized Corpor	ate Officer		
DATE:	TELEPHONE N	IUMBER:	EMPLOYER (Note: <u>NOT</u> Indi		TON NUMBER: ecurity Number)
We the undersigned, a Acts of 2004, signed b license and (2) the cer	y the building inspec	ctor and the head	of the fire departn	nent for the	above named
Please Check Below:			LOCAL LICENSI	ING AUTHO	ORITY
APPROVED:	٦		By:		
DISAPPROVED:					
(If disapproved explain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	X: 122600104		CITY OR TOWN SPRING	JEIELD
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR	2 2013
		CLASS		YEAR
LICENSEE NAME:	INDIAN ORCHA	RD POST #277 AM. I	LEGION INC.	
DOING BUSINESS	A			
ADDRESS 379 OA	K ST.			
CITY/TOWN: SPR	RINGFIELD	STATE: MA	ZIP CODE: 01151	
MANAGER: TAY	LOR, RONALDTY	PE OF LICENSE: Vete	erans club CATEGOR	Y: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF	LICENSED PREM	ISES:		
FIRST FLOOR & B	ASEMENT FOR SI	ERVICE AND STORA	GE.	
I hereby certify and	swear under penaltie	es of perjury that:		
1. the renew	ved license will be o	f the same type for the s	same premises now licensed;	
2. the licens	ee has complied wit	h all laws of the Comm	nonwealth relating to taxes; ar	nd
3. the premi	ses are now open fo	r business (If not expla	in below)	
SIGNED BY:				
	Individual, Partne	er or Authorized Corpor	rate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
			(Note: NOT Individual Soci	ial Security Number)
We the undersione	d attact that we ar	o in nossossion (1) the	certificate required by Cha	antar 201 of the
			of the fire department for	
license and (2) the	certificate of liquo	r liability insurance re	equired by Chapter 116 of t	he Acts of 2010.
Please Check Below:			LOCAL LICENSING AUT	ΓHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	ain)			
DATE				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	K: 122600105		CITY OR TO	WN SPRINGFI	ELD
APPLICATION FOR	R RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	A SYMPHONY H.		S DEV. CORPO	RATION	
ADDRESS 34 COU			ZID COD	01100	
CITY/TOWN: SPR		STATE: MA	ZIP COD	E: 01103	
MANAGER: D'AC TINA		PE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
		VEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF					
ONE ROOM FOR S					
I hereby certify and s	_	s or perjury that: Tthe same type for th	e came nremises	now licensed:	
		h all laws of the Com	•		
	=	r business (If not exp		ing to taxes, and	
	1	` 1			
SIGNED BY:	Individual, Partne	r or Authorized Corp	oorate Officer		
DATE:	TELEPHON	NE NUMBER:		OYER IDENTIFICA	
			(Note: NO	<u>T</u> Individual Social S	Security Number)
We the undersigne Acts of 2004, signed license and (2) the	d by the building in	spector and the hea	d of the fire de	partment for the	above named
Please Check Below:			LOCAL LIC	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	aiii <i>j</i>				
					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122600	107	CITY OR TOWN SPRING	iFIELD
APPLICATION FOR RENEV	VAL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: BOULE	EVARD TAVERN, INC		
DOING BUSINESS A RORY	FITZGERALDS		
ADDRESS 664-66 PAGE BL	VD.		
CITY/TOWN: SPRINGFIEL	D STATE: MA	ZIP CODE: 01104	
MANAGER: LONGTIN, EI	LEN TYPE OF LICENSE:R	estaurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	O VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSE	ED PREMISES:		
FIRST FLOOR FOR SERVIC	E, BASEMENT FOR STORA	GE.	
I hereby certify and swear und	er penalties of perjury that:		
1. the renewed license	will be of the same type for the	ne same premises now licensed;	
2. the licensee has con	nplied with all laws of the Con	nmonwealth relating to taxes; an	nd
3. the premises are no	w open for business (If not exp	plain below)	
SIGNED BY:			
Individ	ual, Partner or Authorized Cor	porate Officer	
DATE:	ELEPHONE NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
1	ELLI HONE NOMBER.	(Note: NOT Individual Socia	al Security Number)
		he certificate required by Cha ad of the fire department for t	
		required by Chapter 116 of the	
Please Check Below:		LOCAL LICENSING AUT	THORITY
APPROVED:		By:	HORTT
DISAPPROVED:		27.	
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1220	000108		CITY OR TOW	N SPRINGFI	ELD
APPLICATION FOR REN	NEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: O'B	RIEN'S CORNER IN	IC.			
DOING BUSINESS A O'	BRIENS				
ADDRESS 1082 PAGE B	LVD.				
CITY/TOWN: SPRINGF	TELD S'	ΓΑΤΕ: MA	ZIP CODE:	01104	
MANAGER: O'BRIEN,	BRIAN T. TYPE OF	LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE	E ALSO VISIT OUR WEBSITE	AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LICE	NSED PREMISES:				
FIRST FLOOR FOR SER'	VICE, BASEMENT	FOR STORAGI	Ξ.		
I hereby certify and swear	under penalties of pe	rjury that:			
1. the renewed lice	ense will be of the sa	me type for the	same premises no	ow licensed;	
2. the licensee has	s complied with all la	ws of the Comm	onwealth relating	g to taxes; and	
3. the premises are	e now open for busin	ess (If not expla	in below)		
SIGNED BY:					
Indi	ividual, Partner or Au	thorized Corpor	rate Officer		
DATE:	TELEPHONE NU	MRED.	EMPLOY	YER IDENTIFICAT	TION NUMBER:
	TELEFTIONE NO	WIDEK.		Individual Social S	
					•
We the undersigned, atte					
Acts of 2004, signed by the license and (2) the certification					
ncense and (2) the certifi	cate of fiquor flabili	ity msurance re	equired by Chap	itel 110 of the	ACIS 01 2010.
Please Check Below:			LOCAL LICE	NSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE.					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C : 122600109		C	II Y OK IOV	VN SPRINGFI	ELD	
APPLICATION FOR	R RENEWAL:	Annı	ıal	LIC	ENSED FOR 2	013	
		CLA	SS			YEAR	
LICENSEE NAME:	INDIAN ORCHA	ARD K.OF C. B	UILDING	S ASSOC.ING			
DOING BUSINESS	A KNIGHTS OF	COLUMBUS N	O 160, C	ARLISLE TA	LBOT BLDG		
ADDRESS 2071 PA	GE BLVD.						
CITY/TOWN: SPR	INGFIELD	STATE:	MA	ZIP CODE	: 01151		
MANAGER: SED GER	· · · · · · · · · · · · · · · · · · ·	YPE OF LICEN	SE:Club		CATEGORY:	All Alcohol	
EMAIL ADDRESS:							
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER	R YOUR EMAI	L ADDRESS		_	
DESCRIPTION OF							
FIRST & SECOND							
I hereby certify and s	_						
	red license will be o	• •		-			
	ee has complied wi				ng to taxes; and		
3. the premi	ses are now open for	or business (If n	ot explain	below)			
SIGNED BY:	Individual, Partn	er or Authorized	l Corpora	te Officer			
DATE:	TELEDUC	NE NUMBER:		EMPLO	YER IDENTIFICA	ΓΙΟΝ NUMBER:	
	TELEFIC	INE NUMBER.			Individual Social S		
We the undersigned Acts of 2004, signed license and (2) the	d by the building i	nspector and t	he head o	f the fire dep	artment for the	above named	
Please Check Below:				LOCAL LICI	ENSING AUTH	ORITY	
APPROVED:				By:			
DISAPPROVED:							
(If disapproved expla	aın)						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:122600112		CITY OR TO	WN SPRINGFI	IELD
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	MARCONI CLU	B INC.			
DOING BUSINESS	A MARCONI CLI	UB INC.			
ADDRESS 89 PARA	LLEL ST.				
CITY/TOWN: SPRI	NGFIELD	STATE: MA	ZIP CODE	E: 01104	
MANAGER: FACO ALBI		YPE OF LICENSE:Cli	ub	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
Ī	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF I					
FIRST FLOOR AND	BASEMENT FOI	R SERVICE AND ST	ORAGE		
I hereby certify and sy	=				
		of the same type for the	•		
2. the license	e has complied with	th all laws of the Com	monwealth relati	ing to taxes; and	
3. the premis	es are now open fo	or business (If not expl	ain below)		
SIGNED BY:					
	Individual, Partne	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	NE NUMBER:		OYER IDENTIFICA	
			(Note: NO	Individual Social S	Security Number)
We the undersigned	l. attest that we ar	re in possession (1) th	e certificate red	ouired by Chapt	ter 304 of the
Acts of 2004, signed	by the building in	nspector and the hea	d of the fire dep	partment for the	above named
license and (2) the c	ertificate of liquo	r liability insurance ı	required by Cha	apter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	ın)				
DATE.					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 122600113		CITY OR TOW	N SPRINGFI	ELD
APPLICATIO	N FOR RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: POLISH YO	UNG MENS ALLIANCE	INDIAN ORCHA	RD INC	
DOING BUSI	NESS A				
ADDRESS 91	PARKER				
CITY/TOWN:	SPRINGFIELD	STATE: MA	ZIP CODE:	01151	
MANAGER:	PUMIGLIA, JOSEPH	TYPE OF LICENSE: Ch	ıb	CATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
	N OF LICENSED PF				
APPROX. 120	0 SQ. FT. IN BASE	MENT FOR SERVICE AN	ID STORAGE.		
•	•	nalties of perjury that:			
		be of the same type for the	•		
2. the	licensee has complie	d with all laws of the Com	nonwealth relating	g to taxes; and	
3. the	premises are now ope	en for business (If not expl	ain below)		
SIGNED BY:					
	Individual, P	artner or Authorized Corpo	orate Officer		
DATE:	TELE	PHONE NUMBER:		ER IDENTIFICAT	
			(Note: NOT	Individual Social S	ecurity Number)
We the under	signed, attest that v	ve are in possession (1) th	e certificate requ	ired by Chapt	er 304 of the
Acts of 2004,	signed by the buildi	ng inspector and the head	d of the fire depa	rtment for the	above named
license and (2) the certificate of li	quor liability insurance r	equired by Chap	ter 116 of the	Acts of 2010.
Please Check Belo	<u> </u>		LOCAL LICE	NSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	i expiain)		-		
			-		
DATE:					
DAIL.					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122600)116	CITY OR TOWN	SPRINGFIELD
APPLICATION FOR RENEV	WAL: Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: JOHN	BOYLE O'REILLY CLUB OF	F SPRING.INC. THE	
DOING BUSINESS A			
ADDRESS 33 PROGRESS A	AVE.		
CITY/TOWN: SPRINGFIE	LD STATE: MA	ZIP CODE:	01104
MANAGER: Morin, Joseph	TYPE OF LICENSE:	Club C	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALS	SO VISIT OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS	
DESCRIPTION OF LICENS	ED PREMISES:		
TWO FLOORS FOR SERCI	E AND STORAGE.		
2. the licensee has co	e will be of the same type for to implied with all laws of the Cor iow open for business (If not ex	mmonwealth relating to	
SIGNED BY: Individ	lual, Partner or Authorized Con	rporate Officer	
DATE:	TELEPHONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004, signed by the	that we are in possession (1) building inspector and the he te of liquor liability insurance	ead of the fire depart	ment for the above named
Please Check Below:		LOCAL LICENS	SING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C : 122600119	•	CITY OR TOWN SPRING	FIELD
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	RED ROSE PIZZ	ZERIA, INC.		
DOING BUSINESS	A			
ADDRESS 1058 MA	AIN ST			
CITY/TOWN: SPR	INGFIELD	STATE: MA	ZIP CODE: 01103	
MANAGER: CAP	UTO, EDDA T	YPE OF LICENSE: Resta	aurant CATEGORY	Y: All Alcohol
EMAIL ADDRESS:		_		
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF	LICENSED PREM	IISES:		
1058-1074 MAIN S	Γ. FIRST FLOOR	FOR SERVICE AND ST	CORAG E	
I hereby certify and s	swear under penalti	es of perjury that:		
1. the renew	red license will be o	of the same type for the same	ame premises now licensed;	
	-		onwealth relating to taxes; an	d
3. the premi	ses are now open for	or business (If not explain	n below)	
SIGNED BY:				
	Individual, Partn	er or Authorized Corpora	ate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Socia	al Security Number)
We the undersigne	d. attest that we a	re in possession (1) the	certificate required by Cha	pter 304 of the
Acts of 2004, signed	d by the building i	inspector and the head	of the fire department for t	he above named
license and (2) the	certificate of liquo	r liability insurance red	quired by Chapter 116 of th	ne Acts of 2010.
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED:	• `			
(If disapproved explain	ain <i>)</i>		·	
DATE:				
DATE.				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 122600121		CITY OR TOWN	1 SPRINGFI	ELD
APPLICATION FOR	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 009-11 R	A CITY LINE CAFE				
CITY/TOWN: SPR		STATE: MA	ZIP CODE:	01107	
	CHIARELLI, TYPE C	OF LICENSE: Res	taurant (CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF	PLEASE ALSO VISIT OUR WEBSIT LICENSED PREMISES:		IAIL ADDRESS		_
 the renew the license 	wear under penalties of ped license will be of the see has complied with all less are now open for busing	same type for the laws of the Comm	nonwealth relating		
SIGNED BY:	Individual, Partner or A	Authorized Corpo	rate Officer		
DATE:	TELEPHONE N	UMBER:		ER IDENTIFICAT	
Acts of 2004, signed	d, attest that we are in p d by the building inspec certificate of liquor liab	tor and the head	of the fire depar	tment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)		LOCAL LICEN By:	SING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 122600124		CITY OR TOWN	N SPRINGFI	ELD
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: KAV-WAL INC.				
DOING BUSINESS	S A GLENWOOD C	CAFE			
ADDRESS 420-22	SPRINGFIELD				
CITY/TOWN: SPI	RINGFIELD	STATE: MA	ZIP CODE:	01107	
	OKEN, TY WARD D.	PE OF LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF	F LICENSED PREM	ISES:			
FIRST FLOOR FOI	R SERVICE, BASE	MENT FOR STORAGE	E.		
I hereby certify and	swear under penaltie	es of perjury that:			
		f the same type for the	•		
2. the licens	see has complied with	th all laws of the Comm	nonwealth relating	to taxes; and	
3. the prem	ises are now open for	or business (If not expla	in below)		
SIGNED BY:					
	Individual, Partne	er or Authorized Corpo	rate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLOY	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT)	Individual Social S	Security Number)
We the undersione	ad attact that we ar	e in possession (1) the	oortificata raqui	ired by Chant	or 304 of the
		nspector and the head			
license and (2) the	certificate of liquo	r liability insurance re	equired by Chap	ter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	lain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	122600127		C	II Y OK TOW	N SPRINGE	IELD
APPLICATION FOR	RENEWAL:	Annua	1	LICE	ENSED FOR 2	013
		CLAS	S			YEAR
LICENSEE NAME:	FRAT.ORDER OF	EAGLES SPR	INGFIE	LD AERIE #14	48	
DOING BUSINESS A	AERIE #418					
ADDRESS 528-32 ST	'. JAMES AVE.					
CITY/TOWN: SPRIN	NGFIELD	STATE:	MA	ZIP CODE:	01109	
MANAGER: BASII	E, DONNA O.TYP	E OF LICENS	E:Club		CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PI	LEASE ALSO VISIT OUR WE	BSITE AND ENTER Y	OUR EMAII	ADDRESS		
DESCRIPTION OF L	ICENSED PREMIS	ES:				
FIRST & SECOND FI	LOORS FOR SERV	TCE, CELLAR	FOR S	TORAGE.		
I hereby certify and sw	ear under penalties	of perjury that:				
1. the renewed	d license will be of t	he same type fo	or the sai	ne premises no	ow licensed;	
2. the licensee	e has complied with	all laws of the	Commor	wealth relating	g to taxes; and	
3. the premise	es are now open for l	business (If not	explain	below)		
SIGNED BY:						
	Individual, Partner	or Authorized	Corporat	e Officer		
DATE:	TELEPHONI	F NIIMRER:		EMPLOY	YER IDENTIFICA	TION NUMBER:
	TEELI HOIVI	L NOMBLK.		(Note: NOT	Individual Social S	Security Number)
We the undersigned,						
Acts of 2004, signed license and (2) the ce						
Please Check Below:			1	LOCAL LICE	NSING AUTH	ORITY
APPROVED:				Ву:		
DISAPPROVED:				3		
(If disapproved explain	n)					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 122600134		CITY OR TOW	N SPRINGFI	ELD
APPLICATIO	N FOR RENEWAL:	Annua	ıl LICF	ENSED FOR 20	013
		CLAS	S		YEAR
LICENSEE NA	AME: AQUARIUS	, INC.			
DOING BUSI	NESS A				
ADDRESS 12	17 STATE ST.				
CITY/TOWN:	SPRINGFIELD	STATE:	MA ZIP CODE:	01109	
MANAGER:	VANEGAS, ESTEBAN	TYPE OF LICENS	E:Restaurant	CATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER Y	YOUR EMAIL ADDRESS		
	N OF LICENSED PF				
		E AND SERVICE,OO			
		nalties of perjury that			
1. the	renewed license will	be of the same type f	or the same premises no	ow licensed;	
2. the	licensee has complie	d with all laws of the	Commonwealth relating	g to taxes; and	
3. the	premises are now ope	en for business (If no	t explain below)		
SIGNED BY:					
	Individual, P	artner or Authorized	Corporate Officer		
DATE:	TELEI	PHONE NUMBER:	EMPLOY	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT	Individual Social S	Security Number)
We the under	signed attact that v	va ara in naccaccian	(1) the certificate requ	iirad by Chant	or 3M of the
			e head of the fire depa		
license and (2) the certificate of li	quor liability insura	ance required by Chap	oter 116 of the	Acts of 2010.
Please Check Belo	DW:		LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	l explain)				
DATE					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	.22600136		CITY OR TO	WN SPRINGE	TELD
APPLICATION FOR R	RENEWAL:	Annual	LIC	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME:	HOKE, INC.				
DOING BUSINESS A	KICK BACK LO	UNGE			
ADDRESS 1530 STAT	E ST.				
CITY/TOWN: SPRIN	GFIELD	STATE: MA	ZIP CODE	2: 01109	
MANAGER: BOREL DEVON		PE OF LICENSE:	Restaurant	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
PLF	EASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR	R EMAIL ADDRESS		
DESCRIPTION OF LIG					
FIRST & SECOND FL			Γ FOR STORAGE	5.	
I hereby certify and swe		1 3 2			
	license will be of	• •	-		
	has complied with			ng to taxes; and	
3. the premises	are now open for	business (If not ex	plain below)		
SIGNED BY:					
I	Individual, Partner	or Authorized Con	porate Officer		
DATE:	TELEPHON	E NUMBER:		YER IDENTIFICA	
			(Note: NO '.	Individual Social	Security Number)
We the undersigned, a Acts of 2004, signed b license and (2) the cer	y the building ins	pector and the he	ad of the fire dep	artment for th	e above named
Please Check Below:			LOCAL LIC	ENSING AUTH	IORITY
APPROVED:	1		By:		
DISAPPROVED:					
(If disapproved explain))				
DATE:					
DAIE.					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 122600140		CITY OR TOWN	SPRINGFI	ELD
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	MARDI GRAS ENT A MARDI GRAS	ΓERTAINMENT, ΙΙ	NC.		
ADDRESS 87 TAY	LOR ST				
CITY/TOWN: SPI	RINGFIELD	STATE: MA	ZIP CODE:	01103	
	RBETT, TYP	E OF LICENSE: Re	staurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR E	MAIL ADDRESS		_
	LICENSED PREMIS				
	EET, 2ND FLOOR RI ETS FOR SERVICE &				VIGHT &
I hereby certify and	swear under penalties	of perjury that:			
1. the renev	ved license will be of the	he same type for the	same premises now	licensed;	
2. the licens	see has complied with	all laws of the Com	nonwealth relating t	o taxes; and	
3. the prem	ises are now open for b	ousiness (If not expl	ain below)		
SIGNED BY:	Individual, Partner (or Authorized Corpo	orate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOYEI	R IDENTIFICAT	TION NUMBER:
			(Note: NOT Inc	lividual Social S	ecurity Number)
Acts of 2004, signe	ed, attest that we are is ed by the building insp certificate of liquor li	pector and the head	d of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved expl	ain)				
(11 disappioved expi	am)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 122600142		CITY OR TOWN	SPRINGFI	ELD
APPLICATION	N FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: B.P.O.E. SPRI	NGFIELD LODGE #61			
DOING BUSIN	NESS A				
ADDRESS 440	TIFFANY STREET				
CITY/TOWN:	SPRINGFIELD	STATE: MA	ZIP CODE:	01108	
MANAGER:	AVEZZIE, RAYMOND A. JR.	TYPE OF LICENSE:Clu	ıb (CATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		_
	N OF LICENSED PRE				
		SERVICE AND STORAG	GE.		
-	and swear under pena				
		e of the same type for the			
	-	with all laws of the Comr	•	to taxes; and	
3. the ₁	premises are now oper	for business (If not explain	ain below)		
SIGNED BY:					
	Individual, Par	rtner or Authorized Corpo	orate Officer		
DATE:	TELEPI	HONE NUMBER:	EMPLOYE	ER IDENTIFICAT	TION NUMBER:
			(Note: NOT I	ndividual Social S	ecurity Number)
We the under	sioned attest that we	e are in possession (1) the	e certificate requi	red by Chant	er 304 of the
		g inspector and the head			
license and (2)) the certificate of liq	uor liability insurance r	equired by Chapt	er 116 of the	Acts of 2010.
Please Check Belo	ow:		LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	l explain)				
			-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 122600143		CITY OR TOWN	SPRINGFI	ELD
APPLICATION FOR	R RENEWAL:	Annual CLASS	LICEN	SED FOR 20)13 YEAR
	FALCON HOTEL C A SHERATON SPRI RCH PLACE	ORP.			
CITY/TOWN: SPR	INGFIELD	STATE: MA	ZIP CODE:	01103	
MANAGER: PICK PAUL	· · · · · · · · · · · · · · · · · · ·	OF LICENSE: Inr	tholder C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEB		MAIL ADDRESS		
	LICENSED PREMISE			E 204 BOOK	***
	SE HOTEL CONSIST AND MEETING RO				AS,
 the renewa the license 	wear under penalties of ed license will be of the ee has complied with a ses are now open for be	e same type for the	nonwealth relating to		
SIGNED BY:	Individual, Partner o	r Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: NOT Inc		TON NUMBER: ecurity Number)
Acts of 2004, signed	l, attest that we are in I by the building inspertificate of liquor lia	ector and the hea	d of the fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	1: 122600148		CITY OR TOWN	SPRINGFI	ELD
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	HARMONY LODG	GE #140 I.B.P.O.E. O	OF W., INC.		
DOING BUSINESS	A				
ADDRESS 073-75 V	VILBRAHAM RD.				
CITY/TOWN: SPR	INGFIELD	STATE: MA	ZIP CODE:	01109	
MANAGER: STRA	AUGH, FELIX TYP	PE OF LICENSE: Clul	b CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
:	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EM	IAIL ADDRESS		-
DESCRIPTION OF I	LICENSED PREMIS	ES:			
FIRST & SECOND I	FLOORS FOR SERV	VICE, BASEMENT F	OR STORAGE.		
I hereby certify and s	wear under penalties	of perjury that:			
1. the renew	ed license will be of t	the same type for the	same premises now	licensed;	
	=	all laws of the Comm	=	taxes; and	
3. the premis	ses are now open for l	business (If not expla	in below)		
SIGNED BY:					
	Individual, Partner	or Authorized Corpor	rate Officer		
D.A.TITE					
DATE:	TELEPHON	E NUMBER:			ION NUMBER:
			(Note: NOT Ind	ividuai Sociai S	ecurity Number)
We the undersigned	l, attest that we are	in possession (1) the	certificate require	ed by Chapte	er 304 of the
		pector and the head			
ncense and (2) the C	eruncate of fiquor i	liability insurance re	equired by Chapte	r 116 of the A	ACIS 01 2010.
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved explain	in)				
(ir disupproved empire	1111)				
(21 Glouppio vod Gripia	iiii)				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 122600150		CITY OR TO	WN SPRINGFI	ELD
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	Our Lady of MT. O	CARMEL SOCIETY	INC.		
DOING BUSINESS	A OUR LADY OF	MT CARMEL SOC	IETY		
ADDRESS 013-15	WINTHROP ST.				
CITY/TOWN: SPR	RINGFIELD	STATE: MA	ZIP CODE	01105	
	NORELLI, TYI SEPPE	PE OF LICENSE: CI	ub	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR F	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMI	SES:			
 the renew the licens 	swear under penalties wed license will be of see has complied with ises are now open for	the same type for the	monwealth relati		
SIGNED BY:	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:		OYER IDENTIFICAT	
Acts of 2004, signe	ed, attest that we are d by the building in certificate of liquor	spector and the hea	d of the fire dep	artment for the	above named
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved expl	 ain)				
(ii disuppioved expi	uiii <i>)</i>				
DATE:					<u>—</u>



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	122600155		CITY OR TOWN	SPRINGFII	ELD
APPLICATION FOR I	RENEWAL:	Annual	LICENS	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	BLACKEND BLUE	S, INC.			
DOING BUSINESS A	THEODORE'S				
ADDRESS 201 WORT	THINGTON ST.				
CITY/TOWN: SPRIN	IGFIELD	STATE: MA	ZIP CODE:	01103	
MANAGER: WEPPI	LER, KEITH TYPE	E OF LICENSE: Res	staurant CA	TEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LI					
201 -205 WORTHING	TON STREET FIR	ST FLOOR FOR S	ERVICE CELLAR F	OR STORA	GE.
I hereby certify and swe	ear under penalties o	f perjury that:			
1. the renewed	license will be of th	e same type for the	same premises now l	icensed;	
	•		nonwealth relating to	taxes; and	
3. the premises	s are now open for b	usiness (If not expl	ain below)		
SIGNED BY:			0.00		
	Individual, Partner o	r Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:			ION NUMBER:
			(Note: NOT Indi	vidual Social Se	ecurity Number)
We the undersigned,	attest that we are i	n possession (1) th	e certificate require	d by Chapte	er 304 of the
Acts of 2004, signed b			_		
license and (2) the cer	runcate of fiquor fi	ability insurance r	equired by Chapter	116 of the A	Acts of 2010.
Please Check Below:			LOCAL LICENSI	NG AUTHO	ORITY
APPROVED:	7		By:		
DISAPPROVED: (If disapproved explain	7				
(11 disappioved explain	,				
DATE:					
·					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122600157		CITY OR TOWN SPRINGI	FIELD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: ALE HOUSE INC DOING BUSINESS A ALE HOUSE ADDRESS 536-40 WORTHINGTON S			
		7ID CODE: 01105	
CITY/TOWN: SPRINGFIELD	STATE: MA	ZIP CODE: 01105	_
MANAGER: SCOTT, TY	PE OF LICENSE: Res	taurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
	VEBSITE AND ENTER YOUR EN	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREMI		_	
FIRST FLOOR FOR SERVICE, BASEN		E.	
I hereby certify and swear under penaltie	1 0 0		
1. the renewed license will be of	• 1	1	_
2. the licensee has complied with		_	1
3. the premises are now open for	r business (If not expla	in below)	
SIGNED BY: Individual, Partne	r or Authorized Corpo	rate Officer	
DATE: TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
We the undersigned, attest that we are Acts of 2004, signed by the building in license and (2) the certificate of liquor	spector and the head	of the fire department for th	e above named
Please Check Below:		LOCAL LICENSING AUTI	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:		-	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 122600158		CITY OR TOWN	SPRINGFIE	ELD
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NA	AME: LIDO REST. IN	NC.			
DOING BUSI	NESS A				
ADDRESS 55	1 WORTHINGTON ST	Γ.			
CITY/TOWN:	SPRINGFIELD	STATE: MA	ZIP CODE:	01105	
MANAGER:	CERASA, DONALD H.	ΓΥΡΕ OF LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		
	N OF LICENSED PRE				
FIRST FLOOF	R FOR SERVICE, BAS	EMENT FOR STORAG	E.		
• •	y and swear under penal				
		of the same type for the			
2. the	licensee has complied v	with all laws of the Comn	nonwealth relating to	taxes; and	
3. the	premises are now open	for business (If not expla	in below)		
SIGNED BY:					
	Individual, Par	tner or Authorized Corpo	rate Officer		
DATE:	TELEPH	ONE NUMBER:	EMPLOYER	DENTIFICAT	ION NUMBER:
			(Note: NOT Ind	ividual Social Se	ecurity Number)
We the under	reigned attact that we	are in possession (1) the	e certificate require	ad by Chante	or 304 of the
		g inspector and the head			
license and (2	2) the certificate of liqu	or liability insurance re	equired by Chapte	r 116 of the <i>A</i>	Acts of 2010.
Please Check Belo	ow:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVI					
(If disapproved	d explain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN SPRINGFIELD
LICENSED FOR 2013
YEAR
ZIP CODE: 01105
estaurant CATEGORY: All Alcohol
EMAIL ADDRESS
e same premises now licensed;
monwealth relating to taxes; and
lain below)
220
porate Officer
oorate Officer
EMPLOYER IDENTIFICATION NUMBER:
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) ne certificate required by Chapter 304 of the
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) ne certificate required by Chapter 304 of the adof the fire department for the above named
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) ne certificate required by Chapter 304 of the
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) ne certificate required by Chapter 304 of the adof the fire department for the above named
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) ne certificate required by Chapter 304 of the ad of the fire department for the above named required by Chapter 116 of the Acts of 2010.
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) ne certificate required by Chapter 304 of the ad of the fire department for the above named required by Chapter 116 of the Acts of 2010. LOCAL LICENSING AUTHORITY
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) ne certificate required by Chapter 304 of the ad of the fire department for the above named required by Chapter 116 of the Acts of 2010. LOCAL LICENSING AUTHORITY
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) ne certificate required by Chapter 304 of the ad of the fire department for the above named required by Chapter 116 of the Acts of 2010. LOCAL LICENSING AUTHORITY



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	122600167		CITY OR TOWN	SPRINGFI	ELD
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	Q & M CHRISTY'	S INC.			
DOING BUSINESS A	A BICA BAR &	GRILL			
ADDRESS 278 1/2-28	30 MAIN ST.				
CITY/TOWN: SPRIN	NGFIELD	STATE: MA	ZIP CODE:	01151	
MANAGER: QUITI	ERIO, LUIS D.TYI	PE OF LICENSE: Res	staurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF L	CENSED PREMIS	SES:			
TWO FLOORS FOR S	SERVICE, CELLA	R FOR STORAGE.			
I hereby certify and sw	ear under penalties	of perjury that:			
1. the renewed	l license will be of	the same type for the	same premises now	licensed;	
2. the licensee	has complied with	all laws of the Comr	nonwealth relating to	o taxes; and	
3. the premise	s are now open for	business (If not explain	ain below)		
SIGNED BY:					
	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	E NUMBER:			TION NUMBER:
			(Note: NOT Inc	lividual Social S	ecurity Number)
We the undersigned,	attest that we are	in nossession (1) th	e certificate requir	ed hy Chant	er 304 of the
Acts of 2004, signed					
license and (2) the ce	rtificate of liquor	liability insurance r	equired by Chapte	r 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	1)				
DATE.					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 122600168		CITY OR TOWN SPRINGE	TIELD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
	AME: ROMOE, IN			
		CTATE. MA	ZID CODE. 01110	
	SPRINGFIELD	STATE: MA	ZIP CODE: 01118	
MANAGER:	MORIARTY, RICHARD	TYPE OF LICENSE: Pa	ckage Store CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
	N OF LICENSED P			
		ASMENT FOR STORAGE chalties of perjury that:	E.	
	premises are now op	ed with all laws of the Compen for business (If not exp.		
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: <u>NOT</u> Individual Social	
Please Check Bell APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUTI By:	HORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	22600169		CITY OR TOWN	SPRINGFI	ELD
APPLICATION FOR R	RENEWAL:	Annual	LICEN	ISED FOR 2013	
		CLASS			YEAR
LICENSEE NAME: S DOING BUSINESS A ADDRESS 1785 ALLE		JQUOR MART, INC			
CITY/TOWN: SPRIN	GFIELD	STATE: MA	ZIP CODE:	01118	
MANAGER: SHANA CAROL		PE OF LICENSE:Pa	ackage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	CASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LIG					
FIRST FLOOR FOR SI	ERVICE AND S'	TORAGE.			
2. the licensee	has complied wit		e same premises now amonwealth relating to dain below)		
SIGNED BY:	ndividual, Partne	er or Authorized Corp	oorate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)]		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 122600170		CITY OR TOWN SPRINGE	IELD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
	AME: PRIDE CON NESS A PRIDE CO			
ADDRESS 77	West street			
CITY/TOWN:	SPRINGFIELD	STATE: MA	ZIP CODE: 01108	
MANAGER:	GAGNON, SHANNON M.	TYPE OF LICENSE: Pa	ckage Store CATEGORY	: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED P	REMISES:		
FIRST FLOOF	R FOR SERVICE, B	ASEMENT FOR STORAG	GE.	
	premises are now op	ed with all laws of the Compensor for business (If not exp.		
	•	•		
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AUTH By:	HORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBEK: 1226001/2		CITY OR TOWN SPRING	IFIELD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI	AME: RIYA BANS NESS A MEDRUM 3 BERKSHIRE AVE	'S PACKAGE STORE		
CITY/TOWN:	SPRINGFIELD	STATE: MA	ZIP CODE: 01151	
MANAGER:	PATEL, CHANDRESH	TYPE OF LICENSE:P	ackage Store CATEGOR	Y: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED PI			
		ND STORAGE, BASEME nalties of perjury that:	ENT FOR STORAGE.	
	premises are now op	d with all laws of the Conen for business (If not expected and expected for the cone of th		d
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Socia	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AUT By:	THORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 1226001/3		CITY OR TO	WN SPRINGFI	ELD
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 145 BOS CITY/TOWN: SPRI MANAGER: KUM EMAIL ADDRESS:	A ONE STOP TON RD INGFIELD		ZIP CODE	E: 01109 CATEGORY:	All Alcohol
1	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF I			NW DOD GWOD	. CE	
FIRST FLOOR FOR I hereby certify and so		ID STORAGE, BASEME	NT FOR STORA	AGE.	
2. the license	ee has complied ses are now ope	be of the same type for the d with all laws of the Comen for business (If not expanded) artner or Authorized Corp.	monwealth relat		
DATE:	TELEF	PHONE NUMBER:		OYER IDENTIFICAT $f I$ Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LIC	ENSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 122600174		CITY OR TOWN SPRINGE	IELD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
DOING BUSI	AME: KALI LIQUO NESS A HANDY BI 5 BOSTON RD	OR INC. EER & WINE STORE		
		STATE: MA	ZIP CODE: 01119	
	SPRINGFIELD			
MANAGER:	PATEL,KIRAN VINODKUMAR	TYPE OF LICENSE: P	ackage Store CATEGORY	: Wine and Malt Regular
EMAIL ADDF	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED PF 00 SQ.FT. AREA FII	REMISES: RST FLOOR FOR SERV	ICE AND STORAGE.	
2. the	licensee has complied premises are now open	* *		
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Beld APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AUTH By:	HORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUN	IBER: 1226001/5		CITY OR TOWN SPRINGE	IELD
APPLICATION	FOR RENEWAL:	nnual	LICENSED FOR 2	2013
	Cl	LASS		YEAR
	ME: SPRINGDALE LIQUORS,IN ESS A KAPPY'S LIQUORS BOSTON RD	C		
	SPRINGFIELD STATI	E: MA	ZIP CODE: 01119	
MANAGER:	DELLAGIUSTINA, TYPE OF LICE DONALD			: All Alcohol
EMAIL ADDRI	ESS:			
	PLEASE ALSO VISIT OUR WEBSITE AND EN	TER YOUR EM	AAIL ADDRESS	
	OF LICENSED PREMISES: FOR SERVICE AND STORAGE, E	BASEMEN	IT FOR STORAGE.	
2. the li	enewed license will be of the same ty icensee has complied with all laws of premises are now open for business (I Individual, Partner or Authori	the Comn f not expla	nonwealth relating to taxes; and ain below)	
DATE:	TELEPHONE NUMBE	ER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Please Check Below APPROVED: DISAPPROVEI (If disapproved	D:		LOCAL LICENSING AUTH By:	IORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 12	22600176		CITY OR	TOW	N SPRINGFI	ELD
APPLICATION FOR R	ENEWAL:	Annual		LICE	NSED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: C	HICOPEE LIQU	ORS INC.				
DOING BUSINESS A	KAPPYS LIQUO	ORS				
ADDRESS 1755 BOST	ON RD					
CITY/TOWN: SPRING	GFIELD	STATE: MA	A ZIP C	ODE:	01129	
MANAGER: MINIE,J	OHN TY	PE OF LICENSE:	Package Store	. (CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLE	ASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	R EMAIL ADDRESS			
DESCRIPTION OF LIC						
FIRST FLOOR FOR SA	LES AND STOR	RAGE. BASEMEN	T FOR STOR	RAGE		
I hereby certify and swe	ar under penalties	s of perjury that:				
1. the renewed	license will be of	the same type for t	he same prem	nises no	w licensed;	
2. the licensee h	nas complied with	n all laws of the Con	mmonwealth	relating	g to taxes; and	
3. the premises	are now open for	business (If not ex	plain below)			
SIGNED BY:						
	ndividual, Partner	r or Authorized Cor	rporate Office	er		
DATE:	TELEDUON	JE NUMBER:	E	MPLOY	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
	TELEFHON	E NUMBER.			Individual Social S	
						•
Please Check Below:				LICEN	NSING AUTH	ORITY
APPROVED: DISAPPROVED:			By:			
(If disapproved explain)						
(ii disappioved explain)						
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122600177		CITY OR TOWN	SPRINGFI	ELD
APPLICATION FOR RENEWAL	: Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: PIONEER S DOING BUSINESS A LIBERTY				
ADDRESS 747 CAREW ST				
CITY/TOWN: SPRINGFIELD	STATE: MA	ZIP CODE:	01104	
MANAGER: MOUNEIMNEH, GHASSOUB A.	TYPE OF LICENSE:Pa	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LICENSED P	REMISES:			
FIRST FLOOR FOR SERVICE A	ND STORAGE, BASEMEN	NT FOR STORAGE		
I hereby certify and swear under pe	enalties of perjury that:			
1. the renewed license wil	l be of the same type for the	same premises now	licensed;	
2. the licensee has complied	ed with all laws of the Com	monwealth relating to	taxes; and	
3. the premises are now of	pen for business (If not expl	ain below)		
SIGNED BY: Individual,	Partner or Authorized Corpo	orate Officer		
DATE: TELE	EPHONE NUMBER:			TION NUMBER:
		(Note: <u>NOT</u> Ind	ividual Social S	ecurity Number)
Please Check Below:		LOCAL LICENS	ING AUTHO	ODITV
APPROVED:		By:	ING AUTIN	OKIT I
DISAPPROVED:		Dy.		
(If disapproved explain)				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	122600178		CITY	OR TOWN	SPRINGF	IELD
APPLICATION FOR	RENEWAL:	Annua	1	LICE	NSED FOR 2	013
		CLAS	S			YEAR
LICENSEE NAME: .	JOHNNY MAC LI	QUORS				
DOING BUSINESS A	JOHNNY MAC I	LIQUORS				
ADDRESS 1949 WIL	BRAHAM RD.					
CITY/TOWN: SPRIN	NGFIELD	STATE:	MA ZI	P CODE:	01104	
MANAGER: MC CART	TYI HY,MANON	PE OF LICENS	E:Package St	tore (CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PL	EASE ALSO VISIT OUR W	EBSITE AND ENTER Y	OUR EMAIL ADD	RESS		
DESCRIPTION OF LI	CENSED PREMIS	SES:				
APPROX 800 SQ FT I ADDITIONAL BASE			PPROX 450 S	SQ FT FOR	R STORAGE	AND
2. the licensee	I license will be of has complied with s are now open for	the same type for	or the same p Commonwea	lth relating		
SIGNED BY:	Individual, Partner	or Authorized	Corporate Of	ficer		
DATE:	TELEPHON	E NUMBER:	()			TION NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOC By:	CAL LICEN	SING AUTH	ORITY
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 122600180		CITY OR TOWN SPRINGI	FIELD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
	AME: N. FRANK, I NESS A FRANKS P			
ADDRESS 11	DICKINSON ST			
CITY/TOWN:	: SPRINGFIELD	STATE: MA	ZIP CODE: 01108	
MANAGER:	DECESARE, NICOLA	TYPE OF LICENSE:Pa	ackage Store CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	EMISES:		
FIRST FLOOI	R FOR SERVICE AN	D STORAGE.		
	premises are now ope	en for business (If not exp		1
	maividuai, Pa	artner or Authorized Corp	oorate Officer	
DATE:	TELEF	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Bel APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUTI By:	HORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSED FOR 2013
YEAR
IA ZIP CODE: 01104
:Package Store CATEGORY: All Alcohol
UR EMAIL ADDRESS
AND SERVICE.
the same premises now licensed; commonwealth relating to taxes; and explain below) orporate Officer
EMPLOYER IDENTIFICATION NUMBER: (Note: <u>NOT</u> Individual Social Security Number)
LOCAL LICENCING AUTHORITY
LOCAL LICENSING AUTHORITY By:



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122600184		CITY OR TOWN SPRINGFI	CLD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20)13
	CLASS		YEAR
LICENSEE NAME: MILBREW I DOING BUSINESS A PLAZA PA ADDRESS 1245 LIBERTY ST			
CITY/TOWN: SPRINGFIELD	STATE: MA	ZIP CODE: 01104	
MANAGER: JACK PAULO	TYPE OF LICENSE: Pac	ckage Store CATEGORY:	All Alcohol
EMAIL ADDRESS: PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSED PR			
GROUND FLOOR FOR SERVICE I hereby certify and swear under per			
3. the premises are now op SIGNED BY:			
DATE: TELEI	PHONE NUMBER:	EMPLOYER IDENTIFICAT (Note: <u>NOT</u> Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHO	ORITY
DATE:		_	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	22600187		CI	TY OR TOW	'N SPRINGFI	ELD
APPLICATION FOR R	ENEWAL:	Annu	al	LICI	ENSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: N DOING BUSINESS A ADDRESS 899 MAIN	MOM'S AND RIC	O'S DANIEL	E SPECIA	ALTY MKT		
CITY/TOWN: SPRIN		STATE:	MA	ZIP CODE:	01103	
	LE, ENRICO TYPE				CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
DESCRIPTION OF LICE FIRST FLOOR FOR SI I hereby certify and swee 1. the renewed 2. the licensee	ERVICE AND STO	ES: RAGE. of perjury that the same type the	t: for the san	ne premises no wealth relatin		
SIGNED BY:	ndividual, Partner c	or Authorized	l Corporate	e Officer		
DATE:	TELEPHONE	NUMBER:			YER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain))			OCAL LICE By:	NSING AUTH	ORITY
DATE:			-			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	122600188		CITY OR TOWN SPRING	FIELD
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 1649 MA		INC.		
CITY/TOWN: SPRI		ATE: MA	ZIP CODE: 01103	
				7. All Alaskal
MANAGER: DIAL F	ESSI, ROGER TYPE OF L	ICENSE: Paci	kage Store CATEGOR	Y: All Alcohol
EMAIL ADDRESS:				
P	LEASE ALSO VISIT OUR WEBSITE ANI	ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF L	ICENSED PREMISES:			
IN APPROX 2100 SQ STORAGE	FT ON FIRST FLOOR FO	OR SERVICE,	AND STORAGE. BASEME	NT FOR
3. the premise SIGNED BY:	es are now open for business Individual, Partner or Auth			
DATE:	TELEPHONE NUM	BER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia	
Please Check Below: APPROVED:	_		LOCAL LICENSING AUT By:	HORITY
DISAPPROVED:				
(If disapproved explai	n)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122	600191		CITY OR TOWN SPRIN	NOFIELD
APPLICATION FOR RE	NEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NAME: CH DOING BUSINESS A ADDRESS 2803 MAIN S CITY/TOWN: SPRINGI MANAGER: HESS, JO EMAIL ADDRESS:	T FIELD ST	FATE: MA LICENSE:Pack		7 PRY: All Alcohol
DESCRIPTION OF LICE				
FIRST FLOOR FOR SER I hereby certify and swear			Γ FOR STORAGE.	
3. the premises ar	s complied with all lave now open for busine	ess (If not explai		and
DATE:	TELEPHONE NUI	MBER:	EMPLOYER IDENTI (Note: <u>NOT</u> Individual S	FICATION NUMBER: ocial Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENSING AND By:	UTHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	122600194	,	CITY OR TOWN SPRINGE	IELD
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
	ORCHARD VARIETY,ING ORCHARD VARIETY T	C.		
CITY/TOWN: SPRII	NGFIELD STA	TE: MA	ZIP CODE: 01151	
MANAGER: COYN J.	E, MICHAEL TYPE OF L	ICENSE:Pack	cage Store CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:				
P	EASE ALSO VISIT OUR WEBSITE AND	ENTER YOUR EMA	AIL ADDRESS	
	ICENSED PREMISES: SERVICE, BASEMENT FO	OR STORAGE	E.	
2. the licensee		of the Commo		
DATE:	TELEPHONE NUM	BER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explai	n)		LOCAL LICENSING AUTH By:	HORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	a: 122600195		CITY OR TOWN	SPRINGFII	ELD
APPLICATION FOR	R RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	CARDONS,INC				
DOING BUSINESS	A FETTES PKG S	STORE			
ADDRESS 576 PAG	E BLVD				
CITY/TOWN: SPR	INGFIELD	STATE: MA	ZIP CODE:	01104	
MANAGER: SOC	HA, CARL S T	YPE OF LICENSE: Pac	kage Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		-
DESCRIPTION OF	LICENSED PREM	IISES:			
FIRST FLOOR FOR	SERVICE AND S	STORAGE, BASEMEN	T & SECOND FLO	OOR FOR ST	ORAGE.
I hereby certify and s	wear under penalti	es of perjury that:			
1. the renew	ed license will be o	of the same type for the	same premises now	licensed;	
2. the license	ee has complied wi	th all laws of the Comr	nonwealth relating	to taxes; and	
3. the premis	ses are now open fo	or business (If not expla	ain below)		
SIGNED BY:					
	Individual, Partne	er or Authorized Corpo	orate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLOYE	R IDENTIFICAT	ION NUMBER:
	1 EEE 110	TETTOMBER.	(Note: NOT In	dividual Social So	ecurity Number)
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	in)				
(If disapproved expla	iiii <i>)</i>				
					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122600196		CITY OR TOWN SPRING	FIELD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: PARKER LIQU DOING BUSINESS A BANAS PAC			
ADDRESS 42 PARKER ST		71D CODE 01151	
CITY/TOWN: SPRINGFIELD	STATE: MA	ZIP CODE: 01151	
MANAGER: GONCALVES, JOSE M.	TYPE OF LICENSE: Pack	cage Store CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EM.	AIL ADDRESS	
DESCRIPTION OF LICENSED PRE	MISES:		
FIRST FLOOR FOR SERVICE, BAS	SEMENT FOR STORAGE	Ξ.	
I hereby certify and swear under penal	lties of perjury that:		
1. the renewed license will be	e of the same type for the s	same premises now licensed;	
2. the licensee has complied v		=	1
3. the premises are now open		<u>-</u>	•
5. the premises are now open	Tor outsiness (if not explain	m 0010 11)	
SIGNED BY: Individual, Par	tner or Authorized Corpor	rate Officer	
DATE			
DATE: TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICATION OF THE STATE OF THE	
		(Note: <u>NOT</u> Individual Socia	I Security Number)
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
		-	
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1226	00199	C	ITY OR TOWN SPRINGFI	ELD
APPLICATION FOR REN	EWAL:	nnual	LICENSED FOR 2	013
	C	LASS		YEAR
LICENSEE NAME: F.L. I	OAD STREET SUNOC			
ADDRESS 93 WEST BRO				
CITY/TOWN: SPRINGFI	ELD STAT	E: MA	ZIP CODE: 01109	
MANAGER: VOYIK, CA	AROL F. TYPE OF LIC	ENSE: Packa	ge Store CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE A	ALSO VISIT OUR WEBSITE AND E	NTER YOUR EMAI	L ADDRESS	
DESCRIPTION OF LICEN	SED PREMISES:			
FIRST FLOOR FOR SERV	TCE AND STORAGE.			
I hereby certify and swear u	nder penalties of perjury	that:		
		_	me premises now licensed;	
2. the licensee has	complied with all laws o	f the Commo	nwealth relating to taxes; and	
3. the premises are	now open for business (If not explain	below)	
SIGNED BY:	ridual, Partner or Author	ized Corpora	te Officer	
DATE:			EMPLOYED IDENTIFICAT	WON AND ODER
DATE.	TELEPHONE NUMB	ER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social S	
			(1987) <u>- 199</u> Maryadan Booking	really (value)
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explain)				
DATE:				
DILL.				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122	500202		CITY OR TOWN SPRINGE	ELD
APPLICATION FOR REM	NEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME: ARC DOING BUSINESS A BI ADDRESS 521 STATE S	ENTON PARK P	ACKAGE STORE		
CITY/TOWN: SPRINGF		STATE: MA	ZIP CODE: 01109	
		OF LICENSE: Pac		All Alcohol
EMAIL ADDRESS: PLEASE	E ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICE			_	
FIRST FLOOR FOR SER I hereby certify and swear			E.	
3. the premises are SIGNED BY:	e now open for bu	r Authorized Corpo		
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENSING AUTH By:	ORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 122600204		CITY OR TOWN SPRINGI	FIELD
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
EMAIL ADDRESS: DESCRIPTION OF FIRST FLOOR FOR I hereby certify and	A CATE ST RINGFIELD MAR, SATISH T PLEASE ALSO VISIT OUT LICENSED PREM R SERVICE, BASI Swear under penalt	STATE: MA TYPE OF LICENSE: Pa R WEBSITE AND ENTER YOUR IN MISES: EMENT FOR STORAGE ties of perjury that:	CATEGORY EMAIL ADDRESS GE.	: All Alcohol
2. the licens	see has complied wises are now open	* *		l
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENSING AUTI By:	HORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1226002	05	CITY OR TOWN SPRINGFI	ELD
APPLICATION FOR RENEW	AL: Annual	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: WINCH DOING BUSINESS A WINCH ADDRESS 800 STATE STRE CITY/TOWN: SPRINGFIELD	HESTER LIQUORS ET	ZIP CODE: 01109	
MANAGER: MORIN, DONA	ALD TYPE OF LICENSE:P	ackage Store CATEGORY:	All Alcohol
EMAIL ADDRESS: PLEASE ALSO DESCRIPTION OF LICENSE	VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
FIRST FLOOR FOR SERVICE			
2. the licensee has com 3. the premises are nov SIGNED BY:	· -		
DATE: TE	ELEPHONE NUMBER:	EMPLOYER IDENTIFICAT (Note: <u>NOT</u> Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORS	ORITY
DATE:		-	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 122600206		CITY OR TOWN SPRING	FIELD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI	AME: FOREST PA NESS A 4 SUMNER AVE	RK LIQUORS,INC		
	: SPRINGFIELD	STATE: MA	ZIP CODE: 01108	
	EISENBEISER, JASON	TYPE OF LICENSE:Pa		Y: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
SINGLE STO			CELLAR FOR STORAGE. ENT	RANCE IN
2. the	licensee has complie premises are now op	· -		d
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia	
Please Check Bell APPROVED:			LOCAL LICENSING AUT	HORITY
DISAPPROVI			By:	
(If disapproved	d explain)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122600208		CITY OR TOWN	SPRINGFI	ELD
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: TNM ENTERI	PRISES INC.			
DOING BUSINESS A WINN LIQU	ORS			
ADDRESS 1038 WILBRAHAM RD	ı			
CITY/TOWN: SPRINGFIELD	STATE: MA	ZIP CODE:	01109	
MANAGER: BAJEK, MARK	TYPE OF LICENSE: Pac	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PRE FIRST FLOOR FOR SERVICE AND I hereby certify and swear under pena 1. the renewed license will be 2. the licensee has complied 3. the premises are now open	O STORAGE. Alties of perjury that: e of the same type for the with all laws of the Comm	nonwealth relating to		
SIGNED BY: Individual, Par	rtner or Authorized Corpo	rate Officer		
DATE: TELEPH	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBEK: 122600211		CITY OR TOWN SPRING	FIELD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI		NGTON DISCOUNT LIQ	UORS	
	1 WORTHINGTON			
CITY/TOWN:	SPRINGFIELD	STATE: MA	ZIP CODE: 01105	
MANAGER:	CALVANESE, TRACY M.	TYPE OF LICENSE:P	ackage Store CATEGOR	Y: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISI	Γ OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED P	REMISES: ASEMENT FOR STORA	CE	
2. the	licensee has complie	· -	ne same premises now licensed; nmonwealth relating to taxes; an plain below)	d
	Individual, l	Partner or Authorized Corp	oorate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AUT By:	THORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 122600212		CITY OR TOWN	SPRINGFL	ELD
APPLICATION FO	R RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	CHESTNUT S	STREET PACKAGE,ING	C.		
DOING BUSINESS	A				
ADDRESS 95 97 C	HESTNUT ST				
CITY/TOWN: SPI	RINGFIELD	STATE: MA	ZIP CODE:	01103	
MANAGER: Brow	wn, Eric	TYPE OF LICENSE:Pa	ckage Store C	CATEGORY:	All Alcohol
EMAIL ADDRESS		-			
	PLEASE ALSO VISIT C	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PRI	EMISES:			
FIRST FLOOR FOR	R SERVICE, BA	SEMENT FOR STORAG	GE.		
I hereby certify and	swear under pena	alties of perjury that:			
1. the renev	ved license will b	be of the same type for the	e same premises nov	w licensed;	
2. the licens	see has complied	with all laws of the Com	monwealth relating	to taxes; and	
3. the prem	ises are now oper	n for business (If not exp	lain below)		
SIGNED BY:					
	Individual, Pa	rtner or Authorized Corp	orate Officer		
DATE:		HOME MAN (DED	EMDI OVE	ER IDENTIFICAT	CION NI IMPED.
DATE.	TELEPI	HONE NUMBER:		dividual Social S	
			(C.S.S.)	idividual Social S	cearity (value of)
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	aın)				
DATE:					
DAIL.					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 122600213		CITY OR TOWN SPRINGE	IELD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
DOING BUSI	AME: 896 ALLEN STREET, NESS A EDDIE'S PACKAGE			
	6 98 ALLEN ST			
CITY/TOWN:		STATE: MA	ZIP CODE: 01118	
MANAGER:	NEWELL,CHANDL TYPE O ER W.JR.	F LICENSE: Pac	kage Store CATEGORY:	All Alcohol
EMAIL ADDF	RESS:			
	PLEASE ALSO VISIT OUR WEBSITI	E AND ENTER YOUR EM	IAIL ADDRESS	
	N OF LICENSED PREMISES:			
	R FOR SERVICE, BASEMENT y and swear under penalties of p		E.	
2. the	renewed license will be of the s licensee has complied with all l premises are now open for busi	aws of the Comn	nonwealth relating to taxes; and	
SIGNED BY:	Individual, Partner or A	authorized Corpo	rate Officer	
DATE:	TELEPHONE N	UMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Beld APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AUTH By:	IORITY
DATE:			<u> </u>	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 12	2600215		CITY	OR TOWN	N SPRINGFI	ELD
APPLICATION FOR RE	ENEWAL:	Annual		LICE	NSED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: H	ΓMD INC					
DOING BUSINESS A						
ADDRESS 494 CENTR	AL ST					
CITY/TOWN: SPRING	FIELD	STATE: M	IA Z	IP CODE:	01105	
MANAGER: DANG, I	MINH TY	PE OF LICENSE:	Package S	Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEA	SE ALSO VISIT OUR V	WEBSITE AND ENTER YOU	UR EMAIL ADD	DRESS		_
DESCRIPTION OF LIC						
FIRST FLOOR FOR SE	RVICE AND S'	TORAGE.				
I hereby certify and swea	r under penaltie	es of perjury that:				
1. the renewed l	icense will be of	f the same type for	the same p	premises no	w licensed;	
2. the licensee h	as complied wit	th all laws of the Co	ommonwea	alth relating	to taxes; and	
3. the premises a	are now open fo	or business (If not e	xplain belo	ow)		
SIGNED BY:						
In	dividual, Partne	er or Authorized Co	orporate O	fficer		
DATE:	TELEPHO	NE NUMBER:		EMPLOY	ER IDENTIFICAT	TION NUMBER:
			((Note: NOT I	ndividual Social S	ecurity Number)
Please Check Below:			1.00	CALLICEN	ISING AUTHO	ORITY
APPROVED:			By:	er ill Licer	151110710111	
DISAPPROVED:			J			
(If disapproved explain)						
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122600216		CITY OR TOWN SPRINGE	FIELD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS		YEAR
LICENSEE NAME: DAXA CORP.,			
DOING BUSINESS A MERRILL'S SUPE	RETTE		
ADDRESS 62 HIGH ST			
CITY/TOWN: SPRINGFIELD	STATE: MA	ZIP CODE: 01105	
MANAGER: PATEL, TYPE HEMANTKUMAR C.	E OF LICENSE: Pac	kage Store CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMISE	ES:		
FIRST FLOOR FOR SERVICE AND STO	RAGE.		
2. the licensee has complied with a 3. the premises are now open for be SIGNED BY:	usiness (If not expla	in below)	
Individual, Partner o	r Authorized Corpo	rate Officer	
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Please Check Below: APPROVED:		LOCAL LICENSING AUTH By:	HORITY
DISAPPROVED:			
(If disapproved explain)			
DATE:		-	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122600217		CITY OR TOWN	SPRINGFIELD	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS		YEAR	
LICENSEE NAME: PIONEEER VALL	EY DISCOUNT OU	ΓLET		
DOING BUSINESS A				
ADDRESS 28 VERGE STREET				
CITY/TOWN: SPRINGFIELD	STATE: MA	ZIP CODE:	01103	
MANAGER: HARASIK, TYP MICHAEL	E OF LICENSE: Pac	kage Store CA	ATEGORY: All Alcohol	
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LICENSED PREMIS	ES:			
IN NORTHGATE SHOPPING PLAZA: I FIRSR FLOOR FOR SERVICE AND STO		SQUARE FEET OF	SAID BUILDING,	
2. the licensee has complied with 3. the premises are now open for l SIGNED BY: Individual, Partner		in below)	taxes; and	
DATE: TELEBRIONI	C MIMBED.	FMPI OYFR	IDENTIFICATION NUMBER:	
TELEPHONI	E NUMBER:		ividual Social Security Number)	
Please Check Below:		LOCAL LICENS	ING AUTHORITY	
APPROVED: DISAPPROVED:		By:		
(If disapproved explain)				
1 ' /				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122600219		CITY OR TOWN SPRINGFI	ELD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20)13
	CLASS		YEAR
LICENSEE NAME: F.L. ROBERTS DOING BUSINESS A ARMORY ST ADDRESS 140 ARMORY STREET CITY/TOWN: SPRINGFIELD MANAGER: CUELLO, PEDRO T EMAIL ADDRESS: PLEASE ALSO VISIT OU	STATE: MA		All Alcohol
DESCRIPTION OF LICENSED PREFIRST FLOOR FOR SERVICE AND			
1. the renewed license will be 2. the licensee has complied v 3. the premises are now open	of the same type for the vith all laws of the Comm	nonwealth relating to taxes; and	
SIGNED BY: Individual, Part	ner or Authorized Corpo	rate Officer	
DATE: TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICAT (Note: NOT Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORS	ORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122600221		CITY OR TOWN SPRING	GFIELD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2 2013
	CLASS		YEAR
LICENSEE NAME: BOSTON CU	LINARY GROUP, INC.		
DOING BUSINESS A MASS MUT	UAL CENTER		
ADDRESS 1277 MAIN STREET			
CITY/TOWN: SPRINGFIELD	STATE: MA	ZIP CODE: 01103	
MANAGER: SMOLENSKI, DIANE	TYPE OF LICENSE: Resi	aurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PR	EMISES:		
CIVIC CENTER, IN LOUNGE, EX ASSEMBLY AND OR MEETING F		I PURPOSE AUDITORIUM	AND
2. the licensee has complied 3. the premises are now open SIGNED BY: Individual, Pa		in below)	
DATE: TELEP	HONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
We the undersigned, attest that we Acts of 2004, signed by the buildin license and (2) the certificate of liq	g inspector and the head	of the fire department for	the above named
Please Check Below:		LOCAL LICENSING AUT	ΓHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappioved expiani)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 122600222		CITY OR TOWN	SPRINGFL	ELD
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NA	AME: GULMOHA	R BEVERAGE LLC			
DOING BUSIN	NESS A PANORAM	IA RESTAURANT ANI	LOUNGE		
ADDRESS 711	1 DWIGHT STREET	Γ			
CITY/TOWN:	SPRINGFIELD	STATE: MA	ZIP CODE:	01103	
MANAGER:	PARMER, SHARDOOL	TYPE OF LICENSE:I	nnholder C	ATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
	N OF LICENSED PE				
12 FLOORS, S	WIMMING POOL	AND PATIO AREAS, F	OR SERVICE AND S	TORAGE.	
1. the	renewed license will	nalties of perjury that: be of the same type for the d with all laws of the Con	•		
	•	en for business (If not ex	•	o taxes, and	
SIGNED BY:					
	Individual, P	artner or Authorized Cor	porate Officer		
DATE:		NAME AND ADED	EMDI OVE	D IDENTIFICAT	ION NUMBER:
DITIE.	TELEI	PHONE NUMBER:			ecurity Number)
***		• (1)		11 61 4	204 64
		ve are in possession (1) tags inspector and the he			
license and (2) the certificate of li	iquor liability insurance	e required by Chapte	er 116 of the	Acts of 2010.
Please Check Belo	ow:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE (If disapproved					
(II disappioved	т схріані)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	122600225		CITY OR TO	WN SPRINGFI	ELD
APPLICATION FOR	RENEWAL:	Annual	LI	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	ANI, INC.				
DOING BUSINESS A	DILLON'S				
ADDRESS 754-58 MA	AIN STREET				
CITY/TOWN: SPRIN	NGFIELD	STATE: MA	ZIP COD	E: 01105	
MANAGER: IZZO,	MICHAEL T	YPE OF LICENSE:Pa	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF L					
42' X 64' ONE ON FIF REAR EXIT.	RST FLOOR SEI	RVICE, CELLAR FOI	R STORAGE TV	WO EXITS AND	ONE
3. the premise SIGNED BY:	s are now open f	or business (If not exp	lain below)	ing to taxes, and	
	Individual, Partr	ner or Authorized Corp	orate Officer		
DATE:	TELEPHO	ONE NUMBER:		OYER IDENTIFICAT	
Please Check Below: APPROVED:				CENSING AUTHO	ORITY
DISAPPROVED:	7		By:		
(If disapproved explain	n)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122600227		CITY OR TOWN	SPRINGFII	ELD
APPLICATION FOR RENEWAL:	Annual	LICEN	LICENSED FOR 2013	
	CLASS			YEAR
LICENSEE NAME: ST ANTHON DOING BUSINESS A ADDRESS 375 ISLAND POND RD		OF CATHOLIC C	CHURCH	
CITY/TOWN: SPRINGFIELD	STATE: MA	ZIP CODE:	01118	
MANAGER: KARAM, GENE	TYPE OF LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS: PLEASE ALSO VISIT O DESCRIPTION OF LICENSED PRE IN FIRST FLOOR OF SOCIAL HAI			DRAGE	
1. the renewed license will b 2. the licensee has complied 3. the premises are now oper SIGNED BY: Individual, Par	e of the same type for the with all laws of the Comm	nonwealth relating to in below)		
DATE: TELEPI	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER:
We the undersigned, attest that we Acts of 2004, signed by the buildin license and (2) the certificate of liq	g inspector and the head	of the fire departr	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 122600228		CITY OR TOWN SPRIN	NGFIELD
APPLICATION FO	R RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NAME:	M G B, INC			
DOING BUSINESS	A ELEGANT	AFFAIRS		
ADDRESS 1380 M	AIN ST			
CITY/TOWN: SPI	RINGFIELD	STATE: MA	ZIP CODE: 0110	3
	KOLD, RGARET G.	TYPE OF LICENSE: Res	staurant CATEGO	ORY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF				
GLASS ROOM API STORAGE	PROX 14X70 O	F BANQUET FACILITY	FIRST FLOOR FOR SER	VICE AND
3. the prem SIGNED BY:		en for business (If not explanation or Authorized Corpo		
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTI (Note: <u>NOT</u> Individual S	FICATION NUMBER:
Acts of 2004, signe	ed by the buildi	ng inspector and the head	e certificate required by C I of the fire department fo equired by Chapter 116 o	r the above named
Please Check Below:			LOCAL LICENSING A	UTHORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved expl	lain)			
(ii disappioved expi	uiii)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	122600229		CITY OR TOWN	1 SPRINGFI	ELD
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	CAFE LEONE, INC	C.			
DOING BUSINESS A	A LEONE'S RESTA	URANT			
ADDRESS 320 COO	LEY ST				
CITY/TOWN: SPRI	NGFIELD	STATE: MA	ZIP CODE:	01128	
MANAGER: LEON	IE, JOSEPH TYP	PE OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMIS	SES:			
ADD OUTDOOR PA	TIO, APPROXIAM	ATELY 782 SQ. FT	•		
I hereby certify and sv	vear under penalties	of perjury that:			
1. the renewe	d license will be of t	the same type for the	same premises no	w licensed;	
2. the license	e has complied with	all laws of the Comr	nonwealth relating	to taxes; and	
3. the premise	es are now open for	business (If not explain	ain below)		
SIGNED BY:					
	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOY	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEEEI IIOI	E I (CIVIDER)	(Note: NOT I	ndividual Social S	Security Number)
We the undersigned Acts of 2004, signed					
license and (2) the co					
Please Check Below:	•	·			
APPROVED:			LOCAL LICEN	ISING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved explain	 .n)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122600230		CITY OR TOWN	SPRINGFIE	ELD
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: ST. GEORG MA.	E GREEK ORTHODOX (CATHEDRAL OF W	ESTERN	
DOING BUSINESS A ST. GEOR	GE CATHEDRAL			
ADDRESS 8 PLAINFIELD STRE	ET			
CITY/TOWN: SPRINGFIELD	STATE: MA	ZIP CODE:	01104	
MANAGER: Lalikos, Anthony	TYPE OF LICENSE:Re	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED POONE STORY BLDG. DINING HAI I hereby certify and swear under per 1. the renewed license will 2. the licensee has complied 3. the premises are now open SIGNED BY: Individual, I	enalties of perjury that: be of the same type for the ed with all laws of the Com	e same premises now monwealth relating to lain below)	licensed;	
DATE: TELE	PHONE NUMBER:	EMPLOYER (Note: NOT Ind	R IDENTIFICATI	
We the undersigned, attest that vacts of 2004, signed by the build license and (2) the certificate of I	ing inspector and the hea	d of the fire departr	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 122600236		CITY C	OR TOWN	SPRINGFI	ELD
APPLICATION FOR	R RENEWAL:	Annual		LICEN	SED FOR 20)13
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 106-08 B	A TONY'S PIZZA A			GISOLFI		
CITY/TOWN: SPR	INGFIELD	STATE: N	1A ZIP	CODE:	01109	
MANAGER: GISC	OLFI, ANIELLOTYP	E OF LICENSE	:Restaurant	C	ATEGORY:	All Alcohol
DESCRIPTION OF	PLEASE ALSO VISIT OUR WE LICENSED PREMIS T ON FIRST FLOOI	ES:			RAGE	
 the renew the license 	wear under penalties ed license will be of t ee has complied with ses are now open for t Individual, Partner	he same type for all laws of the C pusiness (If not	Commonwealt	th relating to		
DATE:	TELEPHONI	E NUMBER:	(N			TON NUMBER: ecurity Number)
Acts of 2004, signed	d, attest that we are d by the building ins certificate of liquor l	pector and the	head of the f	fire departi	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)		LOCA By:	AL LICENS	SING AUTHO	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 122600244		CITY OR TOWN	SPRINGFI	ELD
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	99 RESTAURANT	S OF BOSTON, LLC	C		
DOING BUSINESS	A 99 RESTAURAN	T- PUB			
ADDRESS 1371 LI	BERTY STREET				
CITY/TOWN: SPR	INGFIELD	STATE: MA	ZIP CODE:	01104	
MANAGER: MUN	NOZ, NOREEN TYP	'E OF LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE LICENSED PREMIS		IAIL ADDRESS		_
I hereby certify and s	wear under penalties	of perjury that:			
1. the renew	ed license will be of t	he same type for the	same premises now	licensed;	
	ee has complied with		•	taxes; and	
3. the premi	ses are now open for	business (If not expla	in below)		
SIGNED BY:	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Acts of 2004, signed	d, attest that we are d by the building ins certificate of liquor l	pector and the head	of the fire departi	nent for the	above named
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved explain)	oin)				
(11 disappioved expir	·····/				
DATE:					
APPLICATION FOR RENEW	VAL MUST BE FILED BY LI	CENSEES DURING THE MO	ONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	5A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122600247		CITY OR TOWN	SPRINGFI	ELD	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013			
	CLASS			YEAR	
LICENSEE NAME: Saigon Restaurant, l	LLC				
DOING BUSINESS A Pho SAIGON RES	TAURANT				
ADDRESS 398-40 DICKINSON STREET	Γ				
CITY/TOWN: SPRINGFIELD	STATE: MA	ZIP CODE:	01108		
MANAGER: Vuong, Thomas TYPE	E OF LICENSE:Re	estaurant C	ATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:					
PLEASE ALSO VISIT OUR WEB		CMAIL ADDRESS			
DESCRIPTION OF LICENSED PREMISE					
APPROX. 2,800 SQ. FT. ON FIRST FLOO		E & STORAGE.			
I hereby certify and swear under penalties of					
1. the renewed license will be of the		=			
2. the licensee has complied with a		_	o taxes; and		
3. the premises are now open for b	usiness (If not exp.	iain below)			
SIGNED BY: Individual, Partner of	or Authorized Corp	orate Officer			
DATE: TELEPHONE	MIMRED.	EMPLOYE	R IDENTIFICAT	TION NUMBER:	
TELLI HONE	, INCIVIBLIA.			ecurity Number)	
We the undersigned, attest that we are in Acts of 2004, signed by the building insplicense and (2) the certificate of liquor limits.	ector and the hea	d of the fire depart	ment for the	above named	
Please Check Below:		LOCAL LICENS	SING AUTHO	ORITY	
APPROVED:		By:			
DISAPPROVED:					
(If disapproved explain)					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 122600249		CITY OR TOWN SPRINGFI	IELD
APPLICATION F	OR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAM	E: RUBY TUESDAY, I	NC.		
DOING BUSINES	SS A RUBY TUESDAY			
ADDRESS 1411	BOSTON RD			
CITY/TOWN: S	PRINGFIELD	STATE: MA	ZIP CODE: 01129	
MANAGER: SC A.	CAIFE, CHERYL TYPE	OF LICENSE: Rest	caurant CATEGORY:	All Alcohol
EMAIL ADDRES	S:			
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EM	AIL ADDRESS	_
	OF LICENSED PREMISE			
APPROX 4900 SO	Q FT OF A ONE STORY	BUILDING FOR S	SERVICE AND STORAGE	
•	d swear under penalties of			
		• •	same premises now licensed;	
	•		onwealth relating to taxes; and	
3. the pre-	mises are now open for bu	ismess (II not expia.	iii below)	
SIGNED BY:	Individual, Partner or	r Authorized Corpor	rate Officer	
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFICA	TION NUMBER:
			(Note: NOT Individual Social S	Security Number)
Acts of 2004, sign	ned by the building insp	ector and the head	certificate required by Chapt of the fire department for the quired by Chapter 116 of the	above named
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved ex	nloin)			
(11 disappioved ex	piam)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBEK: 122600250		CITY OR TOWN SPRING	FIELD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI	AME: AASTHA, IN NESS A MARKET I 9 MAIN STREET I.0	LIQUORS		
	SPRINGFIELD	STATE: MA	ZIP CODE: 01103	
MANAGER:	PATEL, CHANDRESH	TYPE OF LICENSE:P	ackage Store CATEGORY	: All Alcohol
EMAIL ADDF	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED PF 00 SQ. FT. ON 1ST.	REMISES: FL. FOR SERVICE & ST	ГORAGE.	
2. the	licensee has complied premises are now open	* *		i
	marviduai, 1	artifer of Flathorized Corp		
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUT By:	HORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122600251		CITY OR TOWN	SPRINGFIELD
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: CREATIVE THEATE	ER CONCEPTS, I	NC.	
DOING BUSINESS A PARAMOUNT HIP	PODROME		
ADDRESS 1700 MAIN ST			
CITY/TOWN: SPRINGFIELD	STATE: MA	ZIP CODE:	01103
MANAGER: STEIN, STEVEN C. TYPE	OF LICENSE: Res	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSI	ITE AND ENTER YOUR EM	AAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES	S:		
APPROX 19,000 SQ FT OF THEATER COLLOBBY AREA, 2ND FLR; BALCONY LOSTORAGE. ENTRANCES AND EXITS ON TO ADJACENT PARKING LOT	BBY AND SEAT	ING AREA FOR SE	ERVICE AND
I hereby certify and swear under penalties of	perjury that:		
1. the renewed license will be of the	same type for the	same premises now	licensed;
2. the licensee has complied with all	l laws of the Comr	nonwealth relating to	o taxes; and
3. the premises are now open for but	siness (If not expla	nin below)	
SIGNED BY: Individual, Partner or	Authorized Corpo	orate Officer	
DATE: TELEPHONE I	NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building inspelicense and (2) the certificate of liquor liab	ctor and the head	l of the fire depart	ment for the above named
Please Check Below:		LOCAL LICENS	SING AUTHORITY
APPROVED:			
<u> </u>		By:	
DISAPPROVED:		By:	
<u> </u>		Ву:	
DISAPPROVED:		By:	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	122600253		CITY OR T	OWN	SPRINGFI	ELD
APPLICATION FOR F	RENEWAL:	Annual	I	LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: (CAFE CORP.					
DOING BUSINESS A	DONOVAN'S IRISI	H PUB				
ADDRESS 1655 BOST	ΓON RD					
CITY/TOWN: SPRIN	IGFIELD	STATE: MA	ZIP CO	DE:	01129	
MANAGER: DONO	VAN, DIANETYPE	OF LICENSE: R	estaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLI	EASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR	EMAIL ADDRESS			_
DESCRIPTION OF LI						
IN APPROX 3000 SQ AND ONE EXIT TO F STORAGE						ING LOT
3. the premises	has complied with all are now open for bu	siness (If not exp	plain below)		and and	
DATE:	TELEPHONE 1	NUMBER:				TION NUMBER:
We the undersigned, Acts of 2004, signed b license and (2) the cer	y the building inspe	ctor and the he	ad of the fire d	lepartr	nent for the	above named
Please Check Below:			LOCAL L	ICENS	ING AUTH	ORITY
APPROVED:	٦		By:			
DISAPPROVED:(If disapproved explain	<u>)</u>)					
	•					
DATE.						
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1226	100254		CITY OR TOWN	SPRINGFII	ELD
APPLICATION FOR REN	EWAL:	Annual	LICENS	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: SAR DOING BUSINESS A TH		NC.			
ADDRESS 520 SUMNER	AVE				
CITY/TOWN: SPRINGF	IELD STA	TE: MA	ZIP CODE:	01108	
MANAGER: SARNO, G	ENARO TYPE OF LI	ICENSE: Rest	aurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE	ALSO VISIT OUR WEBSITE AND	ENTER YOUR EM	AIL ADDRESS		J
DESCRIPTION OF LICEN	ISED PREMISES:				
IN APPROX 1000SQFT O	N FIRST FLOOR FOR	R SERVICE B	ASEMENT FOR S	STORAGE.	
I hereby certify and swear u	ınder penalties of perju	ry that:			
1. the renewed lice	ense will be of the same	type for the s	ame premises now	licensed;	
2. the licensee has	complied with all laws	of the Comm	onwealth relating to	taxes; and	
3. the premises are	now open for business	(If not explain	n below)		
SIGNED BY:					
	vidual, Partner or Autho	orized Corpor	ate Officer		
DATE:	TELEDIJONE NUM	DED.	EMPLOYER	DENTIFICAT	ION NUMBER:
	TELEPHONE NUMI	DEK.	(Note: NOT Indi		
We the undersigned, atte					
Acts of 2004, signed by the license and (2) the certification					
Please Check Below:			LOCAL LICENS		
APPROVED:				ING AUTIK	JKII I
DISAPPROVED:			By:		
(If disapproved explain)			-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	122600255		CITY OR TOWN	SPRINGFI	ELD
APPLICATION FOR	RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	99 RESTAURANTS	OF BOSTON LLC			
DOING BUSINESS A	A 99 RESTAURANT	C-PUBS			
ADDRESS 1655 BO	STON ROAD				
CITY/TOWN: SPRI	NGFIELD	STATE: MA	ZIP CODE:	01129	
MANAGER: HAM	MOND,WILLI TYPI	E OF LICENSE: Res	taurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMISI	ES:			
2. the license	d license will be of the has complied with a ses are now open for b	all laws of the Comn	nonwealth relating		
SIGNED BY:	Individual, Partner of	or Authorized Corpo	rate Officer		
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT	FION NUMBER: Security Number)
We the undersigned Acts of 2004, signed license and (2) the co	by the building insp	ector and the head	of the fire depart	tment for the	above named
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	11)				
				-	
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	2: 122600256		CITY OR TOWN	SPRINGFI	ELD
APPLICATION FOR	R RENEWAL:	Annual CLASS	LICE	NSED FOR 20)13 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 300 WO	A Odyssey				
CITY/TOWN: SPR	INGFIELD	STATE: MA	ZIP CODE:	01103	
MANAGER: Gagli	arducci, Joanne TYI	PE OF LICENSE:Re	staurant (CATEGORY:	All Alcohol
EMAIL ADDRESS: DESCRIPTION OF APPROX 21X46 ON		SES:		SE	
2. the license	ed license will be of ee has complied with ses are now open for	the same type for the all laws of the Com	monwealth relating ain below)		
DATE:	TELEPHON	E NUMBER:		ER IDENTIFICAT	
We the undersigned Acts of 2004, signed license and (2) the o	l by the building ins	spector and the hea	d of the fire depar	tment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICEN By:	SING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 122600259		CITY OR TOWN	SPRINGFI	ELD
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	SEVEN DIAMONI	OS CORPORATIO	N		
DOING BUSINESS A	A INDIAN ORCHA	RD PIZZERIA			
ADDRESS 422 MAI	N STREET				
CITY/TOWN: SPRI	NGFIELD	STATE: MA	ZIP CODE:	01151	
MANAGER: FERR	ARA, IRIS G. TYP	E OF LICENSE: R	estaurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
I	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF I			16E 0 1500 GO F	n Did accid	
IN APPROX. 1500 S FOR STORAGE.	Q. FT. ON FIRST FI	LOOR FOR SERV	ICE & 1500 SQ. F.	r. IN BASEM	ENT
I hereby certify and sy	waar undar papaltias	of porjum that			
•	ed license will be of t		ne same premises nov	v licensed:	
	ee has complied with	* *	•		
	es are now open for l		•	,	
SIGNED BY:					
	Individual, Partner	or Authorized Cor	oorate Officer		
DATE:	TEL EDITOR		EMDI OVE	D IDENTIFICAT	TION NUMBER:
21112.	TELEPHONI	E NUMBER:			ecurity Number)
XX 7 41 1 1 1		• 4	1 ,,,,,,	11 61 4	204 641
We the undersigned Acts of 2004, signed		_	_		
license and (2) the c		_	_		
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved expla	;n)				
(II disappioved expia	111)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 122600260		CITY OR TO	JWN SPRINGF	IELD
APPLICATION FO	R RENEWAL:	Annual	L	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME	: A TOUCH OF C	GARLIC,INC.			
DOING BUSINESS	S A A TOUCH OF	GARLIC			
ADDRESS 427 WI	HITE STREET				
CITY/TOWN: SPI	RINGFIELD	STATE: MA	ZIP COD	DE: 01108	
	SROSIERS, T MELA	YPE OF LICENSE:R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREM	MISES:			
IN APPROXIMATI	ELY 3350 SQ FT C	OF A ONE STORY BI	LDG ON E		
I hereby certify and	•	2 0 0			
		of the same type for th	•		
2. the licens	see has complied w	ith all laws of the Con	nmonwealth rela	ting to taxes; and	
3. the prem	ises are now open f	or business (If not exp	olain below)		
SIGNED BY:					
	Individual, Partr	ner or Authorized Corp	oorate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPI	LOYER IDENTIFICA	TION NUMBER:
			(Note: <u>N(</u>	OT Individual Social S	Security Number)
We the undersions	ed attect that we a	re in possession (1) t	he certificate re	equired by Chan	ter 304 of the
		inspector and the hea			
license and (2) the	certificate of lique	or liability insurance	required by Cl	napter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LIC	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	lain)				
DATE					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 122600261		CITY	OR TOWN	SPRINGFII	ELD	
APPLICATION FO	R RENEWAL:	Annual		LICENSED FOR 2013			
		CLASS	5			YEAR	
LICENSEE NAME: DOING BUSINESS ADDRESS 1 COLU	A CITY STAGE	ERFORMING A	RTS DEVEL	OPMENT			
CITY/TOWN: SPR	INGFIELD	STATE:	MA ZII	P CODE:	01103		
MANAGER: D'AG		PE OF LICENSI	E:Restaurant	CA	ATEGORY:	All Alcohol	
EMAIL ADDRESS:							
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER Y	OUR EMAIL ADDR	RESS		1	
DESCRIPTION OF	LICENSED PREM	ISES:					
2. the licens	red license will be or ee has complied wit ses are now open fo Individual, Partne	h all laws of the Cr business (If not	Commonweal explain belov	th relating to			
DATE:	TELEPHO!	NE NUMBER:	1)		R IDENTIFICAT	ION NUMBER:	
We the undersigne Acts of 2004, signe license and (2) the	d by the building in	spector and the	head of the	fire departı	nent for the	above named	
Please Check Below:			LOC	AL LICENS	ING AUTHO	ORITY	
APPROVED:			By:				
DISAPPROVED: [(If disapproved expl	ain)						
· · · · · · · · · · · · · · · · · · ·	,						
DATE:							
APPLICATION FOR RENEV	WAL MUST BE FILED BY	LICENSEES DURING	THE MONTH OF	NOVEMBER (M	.G.L. Ch. 138 \$ 16	iA)	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122600266		CITY OR TOWN	SPRINGFII	ELD
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: NK FIRST CORPO	ORATION			
DOING BUSINESS A NADIM'S CAFE	LEBANON			
ADDRESS 1389 MAIN ST				
CITY/TOWN: SPRINGFIELD	STATE: MA	ZIP CODE:	01103	
MANAGER: KASHOUH, NADIMTYI	PE OF LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMISAPPROX 3003 SQ FT ON FIRST FLOO STORAGE AND OUTDOOR PATIO FOR I hereby certify and swear under penalties 1. the renewed license will be of 2. the licensee has complied with 3. the premises are now open for SIGNED BY:	R FOR SERVICE AND SERVICE of perjury that: the same type for the all laws of the Comm	same premises now nonwealth relating to nin below)	licensed;	DR
DATE: TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER:
We the undersigned, attest that we are Acts of 2004, signed by the building in license and (2) the certificate of liquor	spector and the head	of the fire departr	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 122600267		CITY OR TOWN	SPRINGFI	ELD
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: EAST SIDE PUB I	NC.			
DOING BUSI	NESS A MIKE'S EAST SI	DE PUB			
ADDRESS 53	5 PAGE BOULEVARD				
CITY/TOWN:	SPRINGFIELD	STATE: MA	ZIP CODE:	01104	
MANAGER:	KATSOUNAKIS, TYP MICHAEL T.	PE OF LICENSE:R	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR	EMAIL ADDRESS		_
-	N OF LICENSED PREMIS				
IN APPROX 9	00 SQ FT IN ONE STORY	FOR SERVICE A	AND STORAGE		
I hereby certify	and swear under penalties	of perjury that:			
	renewed license will be of	* *	-		
	licensee has complied with		•	o taxes; and	
3. the	premises are now open for	business (If not exp	olain below)		
SIGNED BY:	Individual, Partner	or Authorized Cor	oorate Officer		
	11101710001, 1 0111101		33740		
DATE:	TEI EDUON	E NUMBER:	EMPLOYE	R IDENTIFICAT	TION NUMBER:
	TELEFTION	E NUMBER.			ecurity Number)
*** (1 1		• • •	1	11 61 4	204 6.7
	signed, attest that we are signed by the building ins				
) the certificate of liquor				
Please Check Belo	DW:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	l explain)				
DATE:			-		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 122600268		CITY OR TOWN	SPRINGFI	ELD
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	SNOOKERS	BILLIARDS CLUB LTI	O, INC		
DOING BUSINESS	A SNOOKERS	S			
ADDRESS 1791 BC	OSTON RD				
CITY/TOWN: SPR	RINGFIELD	STATE: MA	ZIP CODE:	01129	
	UPRE, MAND	TYPE OF LICENSE:R	estaurant C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
		OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF					
IN APPROX 5000 S STORAGE	SQ FT ON SEC	OND FLOOR OF TWO	STORY BLDG FOR	SERVICE AI	ND
2. the licens	see has complied ses are now ope	be of the same type for the lawith all laws of the Content for business (If not expendent or Authorized Content for Authorized Content fo	nmonwealth relating to		
DATE:	TELEP	HONE NUMBER:			TION NUMBER: ecurity Number)
Acts of 2004, signe	d by the building	re are in possession (1) t ng inspector and the he quor liability insurance	ad of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved expl	ain)				
(11 disapproved expir	·····)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

APPLICATION FOR RENEWAL: CLASS LICENSEE NAME: RIVER STREET SPIRITS, INC DOING BUSINESS A ADDRESS 276 COTTAGE ST CITY/TOWN: SPRINGFIELD STATE: MA ZIP CODE: 01103 MANAGER: BONAVITA, LOUISTYPE OF LICENSE:Package Store CATEGORY EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: IN APPROX 4000 SQ FT ON FIRST FLOOR FOR SERVICE AND STORAGE, BASEMEN STORAGE I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICA (Note: NOT Individual Social PROPOSULE). Please Check Below: LOCAL LICENSING AUTHARDROUGH.	IELD
LICENSEE NAME: RIVER STREET SPIRITS, INC DOING BUSINESS A ADDRESS 276 COTTAGE ST CITY/TOWN: SPRINGFIELD STATE: MA ZIP CODE: 01103 MANAGER: BONAVITA, LOUISTYPE OF LICENSE: Package Store CATEGORY EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: IN APPROX 4000 SQ FT ON FIRST FLOOR FOR SERVICE AND STORAGE, BASEMEN STORAGE I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICA (Note: NOT Individual Social Please Check Below: LOCAL LICENSING AUTHORS	.013
DOING BUSINESS A ADDRESS 276 COTTAGE ST CITY/TOWN: SPRINGFIELD STATE: MA ZIP CODE: 01103 MANAGER: BONAVITA, LOUISTYPE OF LICENSE: Package Store CATEGORY EMAIL ADDRESS: PLEASE ALSO VISIT OUR WERSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: IN APPROX 4000 SQ FT ON FIRST FLOOR FOR SERVICE AND STORAGE, BASEMEN STORAGE I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICA (Note: NOT Individual Social) Please Check Below: LOCAL LICENSING AUTH	YEAR
MANAGER: BONAVITA, LOUISTYPE OF LICENSE: Package Store CATEGORY EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: IN APPROX 4000 SQ FT ON FIRST FLOOR FOR SERVICE AND STORAGE, BASEMEN STORAGE I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICA (Note: NOT Individual Social) Please Check Below: LOCAL LICENSING AUTH	
EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: IN APPROX 4000 SQ FT ON FIRST FLOOR FOR SERVICE AND STORAGE, BASEMEN STORAGE I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICA (Note: NOT Individual Social) Please Check Below: LOCAL LICENSING AUTH	
DESCRIPTION OF LICENSED PREMISES: IN APPROX 4000 SQ FT ON FIRST FLOOR FOR SERVICE AND STORAGE, BASEMEN STORAGE I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICA (Note: NOT Individual Social) Please Check Below: LOCAL LICENSING AUTH	All Alcohol
DESCRIPTION OF LICENSED PREMISES: IN APPROX 4000 SQ FT ON FIRST FLOOR FOR SERVICE AND STORAGE, BASEMEN STORAGE I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICA (Note: NOT Individual Social) Please Check Below: LOCAL LICENSING AUTH	
IN APPROX 4000 SQ FT ON FIRST FLOOR FOR SERVICE AND STORAGE, BASEMEN STORAGE I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION (Note: NOT Individual Social Please Check Below: LOCAL LICENSING AUTHORS (NOTE: NOTE) AND THE PLEASE CHECK BELOW:	
1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICA (Note: NOT Individual Social Please Check Below: LOCAL LICENSING AUTH	ΓFOR
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICA (Note: NOT Individual Social Please Check Below: LOCAL LICENSING AUTH	
Please Check Below: IELEPHONE NOWIBER: (Note: NOT Individual Social Please Check Below: LOCAL LICENSING AUTH	
EOCHE EIGENSING NETI	
APPROVED: By: DISAPPROVED: (If disapproved explain)	ORITY
DATE:	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 122600274		CITY OR TOV	IN SPRINGFI	ELD
APPLICATION FO	R RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	: TWO EAGLES RI	ESTAURANT INC.			
DOING BUSINESS	S A TWO EAGLES F	RESTAURANT			
ADDRESS 108-10	ISLAND POND RD				
CITY/TOWN: SPI	RINGFIELD	STATE: MA	ZIP CODE	01118	
MANAGER: KAZ STE	ZALIS, TYI EPHEN M.	PE OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMIS	SES:			
APPROX 4,000SQI	FT IN ONE STORY I	BUILDING FOR SEI	RVICE & STOR	AGE.	
I hereby certify and	swear under penalties	of perjury that:			
1. the renev	wed license will be of	the same type for the	same premises r	now licensed;	
2. the licens	see has complied with	all laws of the Comr	nonwealth relatii	ng to taxes; and	
3. the prem	ises are now open for	business (If not explain	ain below)		
SIGNED BY:					
	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLO	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT	Individual Social S	Security Number)
We the undersions	ed, attest that we are	in neggession (1) th	a aautifiaata waa	uinad by Chant	on 204 of the
	ed by the building in				
license and (2) the	certificate of liquor	liability insurance r	equired by Cha	pter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:			·		
(If disapproved expl	lain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C : 122600276		CITY OR TO	WN SPRINGFI	ELD
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	CLEMENTE'S BAH	R & GRILL, INC.			
DOING BUSINESS	A CLEMENTE'S				
ADDRESS 084-90 \	WORTHINGTON ST.				
CITY/TOWN: SPR	INGFIELD	STATE: MA	ZIP CODE	E: 01103	
MANAGER: REY	ES, GABRIEL TYP	E OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR F	MAIL ADDRESS		
	LICENSED PREMIS				
	G WITH APPROX 1 COND AND THIRD		_		
FT IN BASEMENT		I LOOKS I OK SL	CVICE III (D DI	Old IOL: TH'THE	311 1,732
	1 1	6			
• •	swear under penalties of the dicense will be of the		s same premises	now licensed:	
	ee has complied with	• •	•		
	ses are now open for b				
SIGNED BY:					
	Individual, Partner	or Authorized Corp	orate Officer		
DATE					
DATE:	TELEPHONI	E NUMBER:		OYER IDENTIFICAT ${f T}$ Individual Social S	
			(110te. <u>110</u>	I marviduai Sociai S	security (valider)
0	d, attest that we are	•			
	d by the building ins certificate of liquor l				
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	ain)				
DATE:					
•					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 122600277		CITY OR TOWN	SPRINGFIELD
APPLICATION FOI	R RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	RIVERFRO	NT FOODSERVICE CO	RP	
DOING BUSINESS	A PIZZERIA	UNO		
ADDRESS 800 WE	ST COLUMBU	JS AVE		
CITY/TOWN: SPR	INGFIELD	STATE: M	A ZIP CODE:	01105
	RWITZ, VEN J.	TYPE OF LICENSE:	Innholder C	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION OF				
		NG ROOMS, POOL AR SEATING FOR 350.	EA, FOOD COURT A	REA FOR 50 & FULL
3. the premi		en for business (If not ex		
DATE:	TELE	PHONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004, signed	d by the buildi	ing inspector and the h	ead of the fire depart	red by Chapter 304 of the ment for the above named er 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED: [(If disapproved explain	ain)			
(droupproved expre	/			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 122600279		CITY	OR TOWN	SPRINGFII	ELD
APPLICATION FO	R RENEWAL:	Annua				
LICENSEE NAME: DOING BUSINESS ADDRESS 240 CH CITY/TOWN: SPR	A XSTATIC ESTNUT ST.	CLAS: LC STATE:		IP CODE:	01130	YEAR
MANAGER: VEL		PE OF LICENS			ATEGORY:	All Alcohol
EMAIL ADDRESS: DESCRIPTION OF APPROX. 1,976 SQ	PLEASE ALSO VISIT OUR V LICENSED PREM	ISES:				
2. the licens	swear under penaltic yed license will be o see has complied wit ses are now open fo	f the same type for hall laws of the	or the same p Commonwea	alth relating to		
SIGNED BY:	Individual, Partne	er or Authorized	Corporate O	fficer		
DATE:	TELEPHO?	NE NUMBER:	(R IDENTIFICAT	ION NUMBER:
We the undersigne Acts of 2004, signe license and (2) the	d by the building in	nspector and the	head of the	e fire departı	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl.)	ain)		LOC By:	CAL LICENS	SING AUTHO	DRITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 122600283		CITY OR TO	WN SPRING	FIELD
APPLICATION FO	R RENEWAL:	Annual	LI	CENSED FOR	2013
		CLASS			YEAR
	FOREST PARK SAL A SALSA'S GOURMI		MEXICAN IN	IC.	
ADDRESS 403 DIC	CKINSON STREET				
CITY/TOWN: SPE	RINGFIELD	STATE: MA	ZIP COD	E: 01108	
	MEZ, TYPE MALIEL	OF LICENSE: Re	staurant	CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS		MAIL ADDRESS		
	LICENSED PREMISE		IT AND ENTED	ANCE CED ALC	
	EXIT LOCATED IN FI LURANT LEADING TO				
 the renew the licens 	swear under penalties of wed license will be of the see has complied with al ises are now open for bu	e same type for the l laws of the Com	monwealth relat		I
SIGNED BY:	Individual, Partner or	· Authorized Corp	orate Officer		
DATE:	TELEPHONE	NIIMBER:	EMPL	OYER IDENTIFICA	ATION NUMBER:
	TEELITIONE	IVOWIDER.	(Note: NO	OT Individual Social	Security Number)
Acts of 2004, signe	ed, attest that we are in				
license and (2) the	certificate of liquor lia				
Please Check Below:			required by Ch		e Acts of 2010.
Please Check Below: APPROVED:			required by Ch	apter 116 of th	e Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: [certificate of liquor lia		required by Ch	apter 116 of th	e Acts of 2010.
Please Check Below: APPROVED:	certificate of liquor lia		required by Ch	apter 116 of th	e Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: [certificate of liquor lia		required by Ch	apter 116 of th	e Acts of 2010.



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 122600284		CITY OR TOWN	SPRINGFI	ELD
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	SED FOR 20)13 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 90 WILI	A	D PRODUCTS, INC			TLAK
CITY/TOWN: SPR	INGFIELD	STATE: MA	ZIP CODE:	01105	
MANAGER: FRIC	GO, JOE	TYPE OF LICENSE:P	ackage Store C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
		UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF			C FOR GERVICE A	ATD GETOD A C	VE.
BASEMENT FOR S		FLOOR OF BUILDIN	G FOR SERVICE A	ND STORAC	iΕ,
2. the licens	ee has complied ses are now open	e of the same type for the with all laws of the Con for business (If not expertner or Authorized Corp	nmonwealth relating to		
DATE:	TELEPH	IONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl.	ain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 122600285		CITY OR TOWN	SPRINGFI	ELD
APPLICATION FO	R RENEWAL:	Annual	LICEN	NSED FOR 20)13
		CLASS			YEAR
LICENSEE NAME	: EL PILON REST	AURANT, LLC			
DOING BUSINESS	A EL PILON RES	TAURANT			
ADDRESS 622 CA	REW STREET				
CITY/TOWN: SPI	RINGFIELD	STATE: MA	ZIP CODE:	01104	
MANAGER: GO	NZALEZ, JOSE TY	PE OF LICENSE: Res	staurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREM	ISES:			
APPROX. 2740 SQ 2307 SQ. FT. Banq		FOR SERVICE AND	STORAGE WITH	AN ADDITIO	ONAL
I hereby certify and	swear under penaltie	es of perjury that:			
1. the renev	wed license will be o	f the same type for the	same premises nov	v licensed;	
2. the licens	see has complied wit	h all laws of the Comr	nonwealth relating	to taxes; and	
3. the prem	ises are now open fo	r business (If not expla	ain below)		
SIGNED BY:			O.CC		
	Individual, Partne	er or Authorized Corpo	orate Officer		
DATE:					
DATE:	TELEPHO	NE NUMBER:		ER IDENTIFICAT adividual Social S	
			(11016. <u>1101</u> II.	dividual Social S	ecurity (vuiliber)
		e in possession (1) the			
		nspector and the head r liability insurance r			
Please Check Below:	•	·	LOCAL LICEN		
APPROVED:			By:	SING AUTIK	JKIT I
DISAPPROVED:			29.		
(If disapproved expl	lain)				
D . 4777					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	t: 122600288		CITY OR TOWN	SPRINGFII	ELD
APPLICATION FOR	RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	JING-PAO COF	₹P.			
DOING BUSINESS	A GINGER BLO	SSOM			
ADDRESS 1203 PA	RKER ST				
CITY/TOWN: SPR	INGFIELD	STATE: MA	ZIP CODE:	01129	
MANAGER: CHE	W, PAUL P T	YPE OF LICENSE: R	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF					
IN APPROX 4000 S STORAGE.	QFT ON FIRST F	FLOOR OF SINGLE S	TORY BUILDING I	FOR SERVIC	E AND
	1 1.				
I hereby certify and s	-	nes of perjury that: of the same type for th	a sama promisas nov	ı ligançadı	
		ith all laws of the Con	•		
	•	for business (If not exp	•	to taxes, and	
SIGNED BY:					
	Individual, Parti	ner or Authorized Corp	porate Officer		
D.A.TE					
DATE:	TELEPHO	ONE NUMBER:		R IDENTIFICAT dividual Social Se	
			(1101c. <u>1101</u> m	uividuai Sociai Se	ecurity (vulliber)
_		are in possession (1) t	_	-	
_		inspector and the hea or liability insurance	_		
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	uin)				
			-		
DATE:			-		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 12	.2600290		CITY OR TOWN	SPRINGFIE	ELD
APPLICATION FOR RE	ENEWAL:	Annual	LICENS	ED FOR 20	13
		CLASS		•	YEAR
LICENSEE NAME: M	AX'S GRILL LLC				
DOING BUSINESS A	MAX'S TAVERN				
ADDRESS 1000 WEST	COLUMBUS AVE	3			
CITY/TOWN: SPRING	FIELD	STATE: MA	ZIP CODE:	01105	
MANAGER: SMITH,	SCOTT TYPE	OF LICENSE: Rest	aurant CA	TEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEA	SE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LIC	ENSED PREMISE	S:			
TO EXCLUDE APPROX	X. 14098 S/F OF A	DDITIONAL SPACE	CE.		
I hereby certify and swea	r under penalties of	f perjury that:			
1. the renewed li	icense will be of the	e same type for the s	same premises now l	icensed;	
2. the licensee h	as complied with al	l laws of the Comm	onwealth relating to	taxes; and	
3. the premises a	are now open for bu	isiness (If not explain	in below)		
SIGNED BY:					
In	dividual, Partner or	Authorized Corpor	rate Officer		
DATE:	TELEPHONE	NUMBER:			ION NUMBER:
			(Note: NOT Indiv	vidual Social Se	ecurity Number)
We the undersigned, at	ttest that we are in	possession (1) the	certificate require	d by Chapte	er 304 of the
Acts of 2004, signed by	the building inspe	ector and the head	of the fire departm	ent for the	above named
license and (2) the certi	ificate of liquor lia	bility insurance re	quired by Chapter	116 of the <i>A</i>	Acts of 2010.
Please Check Below:			LOCAL LICENSI	NG AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE.					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 122600292		CITY OR TO	OWN	SPRINGFL	ELD
APPLICATION FOR	R RENEWAL:	Annual	L	ICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 1373 MA	A JT'S SPORTS PU					
CITY/TOWN: SPR	INGFIELD	STATE: MA	ZIP COI	DE:	01103	
MANAGER: DOL	D, DONALD K.TYF	PE OF LICENSE: Re	estaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR E	EMAIL ADDRESS			_
DESCRIPTION OF IN APPROX 5000 S	LICENSED PREMIS QFT ON FIRST FLO		E AND STORA	AGE.		
2. the licens	ed license will be of the ee has complied with sees are now open for	the same type for the	monwealth rela			
SIGNED BY:	Individual, Partner	or Authorized Corp	orate Officer			
DATE:	TELEPHON	E NUMBER:				TON NUMBER: ecurity Number)
Acts of 2004, signed	d, attest that we are d by the building ins certificate of liquor	spector and the hea	d of the fire d	epart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOCAL LI By:	CENS	SING AUTHO	ORITY
DATE:				(DEE 5		
APPLICATION FOR RENEV	VAL MUST BE FILED BY LI	ICENSEES DURING THE N	AONTH OF NOVEM	IBER (M	i.G.L. Ch. 138 \$ 16	oA)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	122600295		CITY OR TO	OWN SPRINGFI	ELD
APPLICATION FOR	RENEWAL:	Annual	L	ICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	WONG WOK F	HOUSE, INC.			
DOING BUSINESS A	WONG WOK	HOUSE			
ADDRESS 309 BERK	SHIRE AVE				
CITY/TOWN: SPRIN	NGFIELD	STATE: MA	ZIP COI	DE: 01109	
MANAGER: LUO, 1	MEI ZHEN T	TYPE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LI					
APPROX 2900 SQFT RESTAURANT & AP					
BASEMENT FOR ST		005QI I KITCHEN A	KLA FOR SEN	VICE & STORAC	JL,
I hereby certify and sw	-			1. 1	
		of the same type for the			
	-	vith all laws of the Confor business (If not exp		ating to taxes; and	
5. the premise	s are now open	ior ousiness (ir not exp	nam ociow)		
SIGNED BY:					
	Individual, Part	ner or Authorized Corp	orate Officer		
D A THE					
DATE:	TELEPHO	ONE NUMBER:		PLOYER IDENTIFICAT OT Individual Social S	
			(140te. <u>14</u>	OI marviduai sociai s	security Number)
We the undersigned,					
		inspector and the hea or liability insurance			
Please Check Below:	_	•	I OCAL II	CENSING AUTH	ORITV
APPROVED:			By:	CENSING AUTH	OKITI
DISAPPROVED:			- , .		
(If disapproved explain	n)				
D A THE					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 122600296		CITY OR TOW	N SPRINGFI	IELD
APPLICATION FO	OR RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
		AN RISTORANTE, LIAN RISTORANTE			
ADDRESS 497 BE	LMONT AVENUE				
CITY/TOWN: SPI	RINGFIELD	STATE: MA	ZIP CODE:	01108	
MANAGER: AM F.	ORE,CLAUDIA TY	PE OF LICENSE:Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	F LICENSED PREMI	ISES:			
2. the licen 3. the prem	see has complied with	f the same type for the h all laws of the Com r business (If not expl	monwealth relating		
SIGNED BY:	Individual, Partne	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	NE NUMBER:		ER IDENTIFICA'	
Acts of 2004, signe	ed by the building in	e in possession (1) the aspector and the hea r liability insurance	d of the fire depa	rtment for the	above named
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	loin)				
(If disapproved exp	1a111 <i>)</i>				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122600297		CITY OR TOWN SPRINGFI	ELD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20)13
	CLASS		YEAR
LICENSEE NAME: D & F FOOD SE DOING BUSINESS A FOOD ZONE I ADDRESS 355 BELMONT AVENUE	NTERNATIONAL		
CITY/TOWN: SPRINGFIELD	STATE: MA	ZIP CODE: 01108	
MANAGER: FERRERIRA, JOSE T'LUIS	YPE OF LICENSE:Pac	kage Store CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR DESCRIPTION OF LICENSED PREM	WEBSITE AND ENTER YOUR ENTISES:	IAIL ADDRESS	
the renewed license will be a the licensee has complied wi the premises are now open for significant	ith all laws of the Comn	nonwealth relating to taxes; and in below)	
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICAT (Note: NOT Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHO By:	ORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	122600298		CITY OR TOWN	SPRINGFI	ELD
APPLICATION FOR F	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: I	THE SHADOW LC	UNGE			
ADDRESS 278 WORT	THINGTON STREET	Γ			
CITY/TOWN: SPRIN	IGFIELD	STATE: MA	ZIP CODE:	01103	
MANAGER: Ramesh	n, Paul V. TYPE	OF LICENSE: Gen		CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMISE	S:			
3. the premises SIGNED BY:	has complied with als are now open for bu	siness (If not expla	in below)	g to taxes; and	
	murviduai, raimei oi	Authorized Corpo	rate Officer		
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT	
We the undersigned, Acts of 2004, signed b license and (2) the cer	y the building inspe	ector and the head	of the fire depar	rtment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LICEN By:	NSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1226	00301		CITY OR TOWN	SPRINGFI	ELD
APPLICATION FOR REN	EWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: TEX	AS ROADHOUSE H	OLDINGS, LI	LC		
DOING BUSINESS A TE	XAS ROADHOUSE				
ADDRESS 12 MALL ST.					
CITY/TOWN: SPRINGFI	ELD ST	ATE: MA	ZIP CODE:	01128	
MANAGER: GUEVARA	, GREG TYPE OF	LICENSE: Res	taurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE .	ALSO VISIT OUR WEBSITE AN	ND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LICEN	ISED PREMISES:				
FAMILY STYLE RESTAU	JRANT WITH ALCO	OHOLIC BEVI	ERAGES SERVIC	Έ	
I hereby certify and swear u	inder penalties of perj	ury that:			
1. the renewed lice	nse will be of the sam	ne type for the	same premises nov	v licensed;	
2. the licensee has	complied with all law	s of the Comm	onwealth relating	to taxes; and	
3. the premises are	now open for busines	ss (If not expla	in below)		
SIGNED BY:					
Indiv	vidual, Partner or Aut	horized Corpo	rate Officer		
DATE:	TELEPHONE NUN	MBER:	EMPLOYE	R IDENTIFICAT	ΓΙΟΝ NUMBER:
	12221101(21(01		(Note: NOT In	dividual Social S	Security Number)
We the undersigned, attended to the Acts of 2004, signed by the					
license and (2) the certific					
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:			•		
(If disapproved explain)					
DATE					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 122600304		CITY OR TOWN	SPRINGFI	ELD
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	WANG & WANG I	ENTERPRISES INC			
DOING BUSINESS	A UMI RESTAURA	NT			
ADDRESS 008-16 7	TEMBY STREET				
CITY/TOWN: SPR	INGFIELD	STATE: MA	ZIP CODE:	01119	
MANAGER: WAN	NG, HONG ZHI TYP	E OF LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE LICENSED PREMIS		IAIL ADDRESS		
I hereby certify and s	swear under penalties	of perjury that:			
1. the renew	ed license will be of t	he same type for the	same premises now	licensed;	
2. the licens	ee has complied with	all laws of the Comn	nonwealth relating to	taxes; and	
3. the premi	ses are now open for l	ousiness (If not expla	in below)		
SIGNED BY:	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHONI	E NUMBER:	EMPLOYER (Note: NOT Ind		TION NUMBER: ecurity Number)
Acts of 2004, signed	d, attest that we are d by the building ins certificate of liquor l	pector and the head	of the fire departi	nent for the	above named
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved explain	nin)				
(ii disapproved expir	1111 <i>)</i>				
DATE:					
APPLICATION FOR RENEV	VAL MUST BE FILED BY LIC	CENSEES DURING THE M	ONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	5A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 122600306		CITY OR TOWN	SPRINGFII	ELD
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 666 STA					
CITY/TOWN: SPF		STATE: MA	ZIP CODE:	01109	
	YNTON, ELLEN TYI	PE OF LICENSE: Ge		ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EN	MAIL ADDRESS		-
	LICENSED PREMISE APPROX. 50'X 75' FOR SERVICE.		AND 700 S/F STAC	SE OUTSIDE	3.
2. the licens	wed license will be of see has complied with ises are now open for Individual, Partner	all laws of the Comr	nonwealth relating to		
DATE:	TELEPHON	E NUMBER:	EMPLOYEF (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Acts of 2004, signe	ed, attest that we are d by the building ins certificate of liquor	spector and the head	l of the fire departi	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	122600311		CITY OR TOWN SPRINGE	IELD
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A	GARCIA'S MARKE	ET		
ADDRESS 1295 WOL			77D CODE 01171	
CITY/TOWN: SPRIN		STATE: MA	ZIP CODE: 01151	
MANAGER: GARC	IA, CARLOS TYPE	OF LICENSE: Pac	kage Store CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:				
PI	EASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EN	IAIL ADDRESS	
DESCRIPTION OF L	CENSED PREMISE	S:		
2. the licensee		l laws of the Comn siness (If not expla		
DATE:	TELEPHONE :	NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICENSING AUTH By:	HORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	122600312		CITY OR TOWN	SPRINGFI	ELD
APPLICATION FOR I	RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 1060 WILL	PADDY 'S IRISH				
CITY/TOWN: SPRIN		STATE: MA	ZIP CODE:	01109	
	ARARSKI,SCTYP	E OF LICENSE: Re	estaurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LI		BSITE AND ENTER YOUR F ES:	EMAIL ADDRESS		
2. the licensee	license will be of thas complied with	he same type for the	e same premises now monwealth relating lain below)		
SIGNED BY:	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:		ER IDENTIFICAT	
We the undersigned, Acts of 2004, signed b license and (2) the cer	y the building ins	pector and the hea	d of the fire depart	tment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LICEN By:	SING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 122600313		CITY OR TO	WN SPRINGF	ELD
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME	: EVANSHIR INCO	ORPORATED			
DOING BUSINESS	S A PANACHE BAN	NQUET HALL			
ADDRESS 823 STA	ATE STREET				
CITY/TOWN: SPI	RINGFIELD	STATE: MA	ZIP CODE	i: 01119	
	ANTLEY, TY NS C.	PE OF LICENSE: P	Lestaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMI	ISES:			
2. the licens	wed license will be of see has complied with ises are now open for	h all laws of the Cor	nmonwealth relati		
5101,25 51.	Individual, Partne	er or Authorized Cor	porate Officer		
DATE:	TELEPHON	NE NUMBER:		DYER IDENTIFICA' Individual Social S	
Acts of 2004, signe	ed, attest that we are ed by the building in certificate of liquor	spector and the he	ad of the fire dep	artment for the	above named
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved expl	Lain)		-		
· · · · · · · · · · · · · · · · · · ·	,				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	22600315		CITY OR TOWN	SPRINGFI	ELD
APPLICATION FOR R	ENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: A	& J GROCERY,	INC.			
DOING BUSINESS A	DICKINSON DE	LI			
ADDRESS 296 WORT	HINGTON ST				
CITY/TOWN: SPRIN	GFIELD	STATE: MA	ZIP CODE:	01103	
MANAGER: MALIK Q.	,NOORUL TYI	PE OF LICENSE: (F	General on C. remise	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LIC					
IN APPROX 1850 SQ 1	FT ON FIRST FL	OOR FOR SERVI	CE AND STORAGE (OF SAID BL	DG
2. the licensee 3. the premises SIGNED BY:	license will be of has complied with are now open for	the same type for the			
	,		·		
DATE:	TELEPHON	E NUMBER:			TION NUMBER:
We the undersigned, a Acts of 2004, signed b license and (2) the cer	y the building ins	spector and the he	ad of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:	1		By:		
DISAPPROVED:(If disapproved explain))				
(1. Sisupprovou enpluin,	,				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUME	BER: 122600316		CITY OR TOW	N SPRINGFI	IELD
APPLICATION I	FOR RENEWAL:	Annual	LICE	NSED FOR 2	013
		CLASS			YEAR
LICENSEE NAM	ME: S.E.M. CON	VENIENCE STORE IN	IC.		
DOING BUSINE	ESS A DICKINSO	ON DELI			
ADDRESS 248 I	DICKINSON ST				
CITY/TOWN: S	SPRINGFIELD	STATE: M	ZIP CODE:	01108	
	IORAITAKIS, TAMATIOS	TYPE OF LICENSE:	Package Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT	TOUR WEBSITE AND ENTER YOU	JR EMAIL ADDRESS		_
DESCRIPTION (OF LICENSED PI	REMISES:			
		ST FLOOR OF A SING TORAGE. BASEMEN		ING FOR SER	VICE
	emises are now op	ed with all laws of the Coren for business (If not e	xplain below)	, 10 141.103, 6410	
DATE:	TELE	PHONE NUMBER:		ER IDENTIFICA'	
Please Check Below: APPROVED:			LOCAL LICEN	NSING AUTH	ORITY
DISAPPROVED	:		- J ·		
(If disapproved ex	xplain)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 122600318		CITY OR TOWN	SPRINGFI	ELD
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	PRIDE CONVENIEN	NCE, INC			
DOING BUSINESS	A PRIDE CONVENIE	ENCE			
ADDRESS 1225 PA	ARKER ST				
CITY/TOWN: SPI	RINGFIELD	STATE: MA	ZIP CODE:	01129	
	MONTE, TYPE RSHA	OF LICENSE: Pac	ekage Store (CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EN	MAIL ADDRESS		_
	LICENSED PREMISE				
APPROX 320 SQ F	T OF 3800 SQ FT STO	RE FOR SALE AN	ND STORAGE OF	WM	
3. the prem SIGNED BY:	ises are now open for bu				
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICEN By:	ISING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 122600320		CITY OR TOWN	SPRINGFIELD
APPLICATION FOR	RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	KARJAK INC.			
DOING BUSINESS A	A ALUMNI CLUB			
ADDRESS 51-57 TA	YLOR STREET			
CITY/TOWN: SPRI	NGFIELD	STATE: MA	ZIP CODE:	01103
MANAGER: JANAA.	K, RICHARD TYPI	E OF LICENSE: Res	taurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
I	PLEASE ALSO VISIT OUR WEE	SSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF I	LICENSED PREMIS	ES:		
APPROX. 5400 S/F OSTORAGE, BASEM				
I hereby certify and sy	wear under penalties o	of perjury that:		
1. the renewe	ed license will be of the	ne same type for the	same premises now	licensed;
2. the license	e has complied with a	all laws of the Comm	onwealth relating to	taxes; and
3. the premis	es are now open for b	ousiness (If not expla	in below)	
SIGNED BY:				
	Individual, Partner of	or Authorized Corpo	rate Officer	
D.A.TTE				
DATE:	TELEPHONE	E NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)
			(1000. <u>1101</u> IIIdi	vidual Social Security (villioer)
0		•	-	d by Chapter 304 of the
				nent for the above named 116 of the Acts of 2010.
	erinicate of inquor in	ability insurance re		
Please Check Below: APPROVED:				ING AUTHORITY
DISAPPROVED:			By:	
(If disapproved expla	in)			
DATE:				
APPLICATION FOR RENEW	AL MUST BE FILED BY LIC	CENSEES DURING THE MO	ONTH OF NOVEMBER (M.	G.L. Ch. 138 \$ 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122600321	CITY OR TOWN SPRINGFIELD	
APPLICATION FOR RENEWAL:	LICENSED FOR 2013	
Cl	CLASS YEAR	
LICENSEE NAME: GOOD LIFE WHOLE FOOD	OS INC.	
DOING BUSINESS A BETTER LIFE WHOLE FO	OODS	
ADDRESS 1500 ALLEN STREET		
CITY/TOWN: SPRINGFIELD STATE	E: MA ZIP CODE: 01118	
MANAGER: BONAVITA, JOE TYPE OF LICE	CENSE: Package Store CATEGORY: Wine and Malt Regular	ſ
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEBSITE AND EN	NTER YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:		
APPROX. 2500 S/F FOR SALES AND STORAGE		
I hereby certify and swear under penalties of perjury	that:	
1. the renewed license will be of the same ty	ype for the same premises now licensed;	
2. the licensee has complied with all laws of	f the Commonwealth relating to taxes; and	
3. the premises are now open for business (I	If not explain below)	
SIGNED BY:		
Individual, Partner or Authori	ized Corporate Officer	
		٦
DATE: TELEPHONE NUMBE	ER: EMPLOYER IDENTIFICATION NUMBER:	
	(Note: NOT Individual Social Security Number)	
Please Check Below: APPROVED:	LOCAL LICENSING AUTHORITY	
DISAPPROVED:	By:	
(If disapproved explain)		
(II disapproved explain)		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 122600325	CITY OR TOWN SPRINGFIELD				
APPLICATION FO	R RENEWAL:	Annual	LIC	ENSED FOR 20	013	
		CLASS			YEAR	
LICENSEE NAME:	AMERICAN I	INTERNATIONAL COL	LEGE			
DOING BUSINESS	A THE STING	ER				
ADDRESS 963-983	STATE STREE	T				
CITY/TOWN: SPI	RINGFIELD	STATE: MA	ZIP CODE:	01103		
	TYKA, LLISSA-KAY	TYPE OF LICENSE: Clu	ıb	CATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS						
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS			
DESCRIPTION OF	LICENSED PRI	EMISES:				
ROOM FOR SERV	ICE AND 680.8	CH 2882.5 ARE THE M. SQ. FT. OF KITCHEN S D ON THE LOWER LEV	PACE UTILIZE	D FOR THE PR	EP OF	
I hereby certify and	swear under pena	alties of perjury that:				
1. the renev	ved license will b	e of the same type for the	same premises n	ow licensed;		
2. the licens	see has complied	with all laws of the Com	nonwealth relatir	ng to taxes; and		
3. the prem	ises are now oper	n for business (If not expl	ain below)			
SIGNED BY:						
	Individual, Pa	rtner or Authorized Corpo	orate Officer			
DATE:	TELEPI	HONE NUMBER:	EMPLO	YER IDENTIFICAT	ΓΙΟΝ NUMBER:	
	T BBBT	TOTAL TANKER.	(Note: NOT	Individual Social S	Security Number)	
Acts of 2004, signe	d by the buildin	e are in possession (1) the g inspector and the head uor liability insurance r	d of the fire dep	artment for the	above named	
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY	
APPROVED:			By:			
DISAPPROVED:	-i)					
(If disapproved expl	aiii)					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 122600326		CITY	OR TOWN	SPRINGFI	ELD
APPLICATION FO	R RENEWAL:	Annua		LICEN	SED FOR 20	
	APPLE NEW ENC A APPLEBEE'S NE			& BAR		YEAR
CITY/TOWN: SPR		STATE:	MA ZI	P CODE:	01103	
MANAGER: TRO		PE OF LICENS			ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR W		OUR EMAIL ADD	RESS		
	gross floor area with		tchen dining	room, and b	ar area seatin	g 184
	isee has complied with ises are now open for Individual, Partner	business (If not	explain belo	ow)	o taxes; and	
DATE:	TELEPHON	E NUMBER:	(TION NUMBER: ecurity Number)
Acts of 2004, signe	d, attest that we are d by the building ins certificate of liquor	spector and the	head of the	fire departi	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explains)	ain)		LOC By:	CAL LICENS	SING AUTHO	ORITY
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	122600331		CITY OR TO	WN SPRINGFI	IELD
APPLICATION FOR I	RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: A	_	t			
ADDRESS 345 Main S	St				
CITY/TOWN: SPRIN	IGFIELD	STATE: MA	ZIP COD	E: 01103	
MANAGER: Qadus,	Abdul TY	PE OF LICENSE: P	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMI	SES:			
appx 2322 sq ft on first	floor for service				
3. the premise: SIGNED BY:	s are now open for	a all laws of the Conbusiness (If not exp	olain below)	ting to taxes; and	
	mar viadar, i artiro	or rumonzed corp	orace officer		
DATE:	TELEPHON	NE NUMBER:		OYER IDENTIFICA T Individual Social S	
Please Check Below: APPROVED:				CENSING AUTH	ORITY
DISAPPROVED:]		By:		
(If disapproved explain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 122600332		CITY OR TOW	N SPRINGFI	ELD
APPLICATION FO	OR RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: NUCCIOS,INC.				
DOING BUSINESS	S A 2 GUYS PIZZER	IA			
ADDRESS 477 PA	GE BLVD.				
CITY/TOWN: SPI	RINGFIELD	STATE: MA	ZIP CODE:	01103	
	ARDIA, TYP RMINE	E OF LICENSE: Res	taurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF	F LICENSED PREMIS	SES:			
APPROX. 1000 SQ	P. FT. FOR SERVICE.				
I hereby certify and	swear under penalties	of perjury that:			
1. the renev	wed license will be of t	the same type for the	same premises no	ow licensed;	
2. the licen	see has complied with	all laws of the Comm	nonwealth relating	g to taxes; and	
3. the prem	nises are now open for	business (If not expla	in below)		
SIGNED BY:					
	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOY	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT	Individual Social S	Security Number)
We the undersign	ed, attest that we are	in nassassian (1) the	oortificato rocu	ired by Chapt	or 304 of the
	ed by the building ins				
license and (2) the	certificate of liquor	liability insurance re	equired by Chap	ter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved exp	lain)		-		
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: I	22600333		CITY OR TOWN SPRINGE	IELD
APPLICATION FOR R	ENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAME: SI DOING BUSINESS A ADDRESS 1285 bostor	smokw deals			
CITY/TOWN: SPRIN		STATE: MA	ZIP CODE: 01103	

MANAGER: alves, ac	elindo I Y F	PE OF LICENSE:Pa	ckage Store CATEGORY:	: Wine and Malt Regular
EMAIL ADDRESS:				
PLE	ASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LIC	CENSED PREMIS	SES:		
1624 sf on slab foundati	ion, one customer	entrance		
I hereby certify and swe	ar under penalties	of perjury that:		
1. the renewed	license will be of	the same type for the	e same premises now licensed;	
2. the licensee	has complied with	all laws of the Com	monwealth relating to taxes; and	
	•	business (If not expl	•	
			· 	
SIGNED BY:				
	ndividual, Partner	or Authorized Corp	orate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICA	TION NUMBER:
	TEEEI IIOI	E I TOMBER.	(Note: NOT Individual Social	Security Number)
Please Check Below:			LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVED:(If disapproved explain)				
(II disappioved explain)	•			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122600335	CITY	OR TOWN SP	PRINGFIELD		
APPLICATION FOR RENEWAL:	Annual	LICENSED	FOR 2013		
	CLASS		YEAR		
LICENSEE NAME: MAMA IGUANA'S II DOING BUSINESS A MAMA IGUANA'S ADDRESS 1150 WEST COLUMBUS AVENU	JE				
		ZIP CODE: 0	1103		
	LICENSE: Restaurar		GGORY: All Alcohol		
EMAIL ADDRESS:					
PLEASE ALSO VISIT OUR WEBSITE A	AND ENTER YOUR EMAIL AD	DRESS			
DESCRIPTION OF LICENSED PREMISES: APPROX 9,000 SQ. FT.OF 1150 WEST COLU OF 2 FLOORS,MEZZANENE AND OUTDOO			A. CONSISTING		
the renewed license will be of the sate 2. the licensee has complied with all law 3. the premises are now open for busine SIGNED BY: Individual, Partner or Au	ws of the Commonwe	ealth relating to tax			
DATE			ENTIFICATION NUMBER:		
TELEPHONE NU	MBEK:		al Social Security Number)		
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.					
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LO By:	CAL LICENSING	G AUTHORITY		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 122600336		CITY OR TOWN	SPRINGFII	ELD
APPLICATION FOR	RENEWAL:	Annual CLASS	LICEN	SED FOR 20)13 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 1000 WE	A SAMUEL'S SPOR	RN LLC RTS BAR //E			
CITY/TOWN: SPR	INGFIELD	STATE: MA	ZIP CODE:	01103	
MANAGER: RASO CARA		E OF LICENSE: Re	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE		MAIL ADDRESS		
DESCRIPTION OF I CONSISTING OF A OUTDOOR DINING	PPROX.4000 SQ. FT	C. OF INDOOR DIN			
	ee has complied with ses are now open for be Individual, Partner	business (If not exp.	ain below)	o taxes; and	
DATE:	TELEPHONI	E NUMBER:			TON NUMBER: ecurity Number)
We the undersigned Acts of 2004, signed license and (2) the c	by the building ins	pector and the hea	d of the fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 122600337		CITY OR TOWN	SPRINGFII	ELD
APPLICATION FOR	R RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	M.G.B.,INC.				
DOING BUSINESS	A ELEGANT AFF	FAIRS			
ADDRESS 200 TRA	AFTON ROAD				
CITY/TOWN: SPR	INGFIELD	STATE: MA	ZIP CODE:	01103	
MANAGER: BOX	HOLD, PEGGYTY	PE OF LICENSE: Geo	neral on C mise	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION OF	LICENSED PREM	ISES:			
HISTORIC VICTOR AREA FOR SERVICE		CATED IN FOREST PA	ARK INCLUDING	PATIO AND	TENT
I hereby certify and s	swear under penaltie	es of perjury that:			
1. the renew	ed license will be o	f the same type for the	same premises now	licensed;	
2. the licens	ee has complied wit	th all laws of the Comr	nonwealth relating t	o taxes; and	
3. the premi	ses are now open fo	or business (If not expla	ain below)		
SIGNED BY:					
	Individual, Partne	er or Authorized Corpo	orate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLOYE	R IDENTIFICAT	TON NUMBER:
			(Note: NOT Inc	dividual Social So	ecurity Number)
Acts of 2004, signed	d by the building in	re in possession (1) the nspector and the head r liability insurance r	l of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	-:				
(If disapproved expla	ші)				
					
DATE:					
APPLICATION FOR RENEV	WAL MUST BE FILED BY	LICENSEES DURING THE M	ONTH OF NOVEMBER (N		5A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 122600340		CITY OR TOWN	N SPRINGFI	IELD
APPLICATION FOR	R RENEWAL:	Annual	LICE	NSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	A QUAN 113				
ADDRESS 113 VER		CT A TEL		01102	
CITY/TOWN: SPR		STATE: MA		01103	
MANAGER: NGU TAN		PE OF LICENSE:R	estaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
		VEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF			O ET FOR STOR	M.CE	
APPROX. 2,000 SQ			Q. FI. FOR STOR	KAGE.	
I hereby certify and s	-	s of perjury that: f the same type for th	a sama pramisas no	w licancad:	
		h all laws of the Con	•		
	•	r business (If not exp	_	; to taxes, and	
		· ousmoss (if not exp	vani seisw)		
SIGNED BY:	Individual, Partne	er or Authorized Corp	oorate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLOY	ER IDENTIFICAT	TION NUMBER:
	12221101	(21(01)221	(Note: NOT)	Individual Social S	Security Number)
We the undersigned Acts of 2004, signed license and (2) the	d by the building in	spector and the hea	ad of the fire depar	rtment for the	above named
Please Check Below:			LOCAL LICEN	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	un)				
DATE:			-		
1/1111/					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122600341		CITY OR TOWN	SPRINGFIE	ELD
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: MALEBOX LLC				
DOING BUSINESS A PURE				
ADDRESS 234 CHESTNUT STREET				
CITY/TOWN: SPRINGFIELD	STATE: MA	ZIP CODE:	01103	
MANAGER: GOLDRICK,BRIAN TYPE	E OF LICENSE: Gen prer		ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LICENSED PREMISE				
APPROX 2,491 SQ. FT. OF FIRST FLOOR		ND BASEMENT F	FOR STORA	GE
I hereby certify and swear under penalties o	1 3 2			
1. the renewed license will be of th	* *	•		
2. the licensee has complied with a		ě	taxes; and	
3. the premises are now open for be	usiness (If not expla	in below)		
SIGNED BY:		OSC		
Individual, Partner o	r Authorized Corpor	rate Officer		
DATE				
DATE: TELEPHONE	NUMBER:			ION NUMBER:
		(Note: NOT Ind	ividuai Sociai Se	ecurity Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building insplicense and (2) the certificate of liquor lia	ector and the head	of the fire departm	nent for the	above named
	ability insurance re			
Please Check Below: APPROVED:		LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:		By:		
(If disapproved explain)				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	A: 122600342		CITY OR TOWN S	PRINGFIELD
APPLICATION FOR	R RENEWAL:	Annual	LICENSE	D FOR 2013
		CLASS		YEAR
LICENSEE NAME:	SPRINGFIELD BBQ			
DOING BUSINESS	A FAMOUS DAVE'S			
ADDRESS 1750 BO	STON ROAD			
CITY/TOWN: SPR	INGFIELD	STATE: MA	ZIP CODE:	01103
MANAGER: COR EL	RIGAN,MICHATYPE C	F LICENSE: Res	taurant CAT	EGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF	LICENSED PREMISES:			
FT.CONTAINS 10 T	MMERCIAL BLDG.AP CABLES AND SEAT AP E & DIDE OF BLDG.BA	PROX.38 PEOP	LE.ENTRIES & EXIT	S IN REAR OF
I hereby certify and s	wear under penalties of p	erjury that:		
1. the renew	ed license will be of the s	ame type for the	same premises now lic	ensed;
2. the license	ee has complied with all l	aws of the Comm	nonwealth relating to ta	axes; and
3. the premis	ses are now open for busi	ness (If not expla	in below)	
SIGNED BY:	T P 11 1 D	4 1 10	. OSC	
	Individual, Partner or A	Authorized Corpo	rate Officer	
DATE:			EMPLOMED ID	ENTERIOR ATTION AND ED
DATE.	TELEPHONE N	UMBER:		ENTIFICATION NUMBER: lual Social Security Number)
			(Frank <u>Frank</u> Marvie	idar Boeiar Becarity Tramber)
Acts of 2004, signed	l, attest that we are in p I by the building inspec certificate of liquor liab	tor and the head	of the fire departmen	nt for the above named
Please Check Below:			LOCAL LICENSIN	G AUTHORITY
APPROVED:			By:	
DISAPPROVED:	•••			
(If disapproved expla	un)			-
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122600344		CITY OR TOWN	SPRINGFI	ELD
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: WINGS OVER SPE	RINGFIELD INC.			
DOING BUSINESS A OSAKI JAPANES	SE HIBACHI STEA	AK HOUSE		
ADDRESS 1219 PARKER STREET				
CITY/TOWN: SPRINGFIELD	STATE: MA	ZIP CODE:	01103	
MANAGER: SMITH, JANA TYP	E OF LICENSE:Re	estaurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WE DESCRIPTION OF LICENSED PREMIS PACKAGE & DELIVERY DINE IN RES	ES:		rG	
I hereby certify and swear under penalties		WIER BORGER KIIV	J	
1. the renewed license will be of t		e same premises now	licensed;	
2. the licensee has complied with	all laws of the Com	monwealth relating to	taxes; and	
3. the premises are now open for l	business (If not exp	lain below)		
SIGNED BY:				
Individual, Partner	or Authorized Corp	oorate Officer		
DATE: TELEPHONE		EMPLOMED		
TELEPHONI	E NUMBER:	(Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
We the undersigned, attest that we are Acts of 2004, signed by the building ins license and (2) the certificate of liquor l	pector and the hea	d of the fire departi	nent for the	above named
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED: (If disapproved explain)				
(II disappioved expiditi)				_
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	122600347		CITY OR TOW	N SPRINGFI	ELD
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	PEPPER DINI	ING INC.			
DOING BUSINESS A	CHILI'S GRI	ILL & BAR			
ADDRESS 302 COOL	LEY STREET				
CITY/TOWN: SPRIN	NGFIELD	STATE: MA	ZIP CODE:	01103	
MANAGER: O'NEI	L, TODD	TYPE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF L	ICENSED PRI	EMISES:			
FULL SERVICE RES	TAURANT				
I hereby certify and sw	ear under pena	alties of perjury that:			
1. the renewed	d license will b	e of the same type for th	e same premises no	w licensed;	
2. the licensee	has complied	with all laws of the Com	nmonwealth relating	g to taxes; and	
3. the premise	s are now oper	n for business (If not exp	lain below)		
SIGNED BY:					
	Individual, Par	rtner or Authorized Corp	oorate Officer		
DATE:	TELEPI	HONE NUMBER:	EMPLOY	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT	Individual Social S	Security Number)
					204 8.7
		e are in possession (1) the graph in the inspector and the heat			
		uor liability insurance			
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	1)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	C : 122600348	CITY OR TOWN SPRINGFI	ELD
APPLICATION FOI	R RENEWAL: Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 575 ST.		PORATED	
		M ZID CODE. 01102	
CITY/TOWN: SPR		IA ZIP CODE: 01103	
MANAGER: RUS	SELL, DONNA TYPE OF LICENSE	:Package Store CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
	PLEASE ALSO VISIT OUR WEBSITE AND ENTER YO	UR EMAIL ADDRESS	
	LICENSED PREMISES:	Z ELGUE GO EE DEELH, GONGEN	WENCE
	OODEN, FOUR THOUSAND FORTY RIVE THROUGH DONUT SHOP, 0N		
I hereby certify and s	swear under penalties of perjury that:		
1. the renew	red license will be of the same type for	the same premises now licensed;	
2. the licens	ee has complied with all laws of the C	ommonwealth relating to taxes; and	
3. the premi	ses are now open for business (If not e	explain below)	
SIGNED BY:	Individual, Partner or Authorized C	ornorate Officer	
	marviada, i artier of radiorized C	orporate officer	
DATE:	TELEDIJONE NUMBED.	EMPLOYER IDENTIFICAT	TION NUMBER:
	TELEPHONE NUMBER:	(Note: NOT Individual Social S	
Please Check Below: APPROVED:		LOCAL LICENSING AUTH	ORITY
DISAPPROVED:		By:	
(If disapproved explain	ain)		
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 122600349		CITY OR TOWN	SPRINGFI	ELD
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
	ME: MANAHIL LLO				
	ESS A SOUTH END				
ADDRESS 32 I	FORT PLEASANT AV	E .			
CITY/TOWN:	SPRINGFIELD	STATE: MA	ZIP CODE:	01103	
	ATIF,FAIZA T A/K/A/BARI,FAIZA	YPE OF LICENSE:	Package Store C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRI	ESS:				
	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER YOUR	R EMAIL ADDRESS		_
DESCRIPTION	OF LICENSED PREM	MISES:			
NO DESCRIPT	ION				
I hereby certify	and swear under penalt	ties of perjury that:			
1. the re	enewed license will be	of the same type for t	he same premises now	licensed;	
2. the li	censee has complied w	vith all laws of the Co	mmonwealth relating t	o taxes; and	
3. the p	remises are now open	for business (If not ex	plain below)		
SIGNED BY:	Individual, Parti	ner or Authorized Co	porate Officer		
DATE:	TEI EDU	ONE NUMBER:	EMPLOYE	R IDENTIFICAT	ΓΙΟΝ NUMBER:
	TELEFTN	ONE NOMBER.	(Note: NOT Inc		
Please Check Below	<u>v:</u>		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	explain)				
DATE.					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122600	350	CITY OR TOWN	SPRINGFIELD
APPLICATION FOR RENEV	WAL: Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: EVINS	HIR,INC		
DOING BUSINESS A PANA	ACHE BANQUET HALL		
ADDRESS 827 STATE STR	EET		
CITY/TOWN: SPRINGFIE	LD STATE: MA	ZIP CODE:	01103
MANAGER: LEE, CHARL	ES G. TYPE OF LICENSE:	Restaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALS	SO VISIT OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION OF LICENS	ED PREMISES:		
BANQUET HALL			
I hereby certify and swear und	ler penalties of perjury that:		
1. the renewed licens	e will be of the same type for t	he same premises now	licensed;
2. the licensee has co	mplied with all laws of the Co	mmonwealth relating to	taxes; and
3. the premises are no	ow open for business (If not ex	plain below)	
SIGNED BY:			
Individ	lual, Partner or Authorized Con	rporate Officer	
DATE:	TELEPHONE NUMBER:	EMPLOYER	DENTIFICATION NUMBER:
•	EBBI IIOI (B I (OI)IBBI	(Note: NOT Ind	ividual Social Security Number)
	that we are in possession (1) building inspector and the he		
	te of liquor liability insurance		
Please Check Below:		LOCALLICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:		Ž	
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUME	BER: 122600351		CITY OR TOWN	SPRINGFI	ELD
APPLICATION I	FOR RENEWAL:	Annual	LICEN	ISED FOR 20)13
		CLASS			YEAR
LICENSEE NAM	ME: ESSENCE GROUP	LLC			
DOING BUSINE	ESS A McKINNY & BUI	RBACH TAVERN			
ADDRESS 1127	MAIN STREET				
CITY/TOWN: S	SPRINGFIELD	STATE: MA	ZIP CODE:	01103	
	VANIEWSKI, TYP ULIE	E OF LICENSE:Re	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR I	EMAIL ADDRESS		-
	OF LICENSED PREMIS				
4500 SQ FT FEE BASEMENT FO	T KNOWN AS 1127 MA R STORAGE.	AIN STREET , INC	LUDING OUTDOO	OR PATIO, A	ND
	ensee has complied with a emises are now open for be	ousiness (If not exp	lain below)	to taxes; and	
DATE:	TELEPHONE	E NUMBER:		R IDENTIFICAT	
Acts of 2004, sig	gned, attest that we are i gned by the building insp he certificate of liquor li	pector and the hea	d of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED (If disapproved ex					
DATE:					
-					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMI	BER: 122600352		CITY OR TOWN	SPRINGFI.	ELD
APPLICATION 1	FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAM DOING BUSINE	ME: GOS LLC ESS A ARTURO'S				
ADDRESS 296 V	WORTHINGTONST.				
CITY/TOWN:	SPRINGFIELD	STATE: MA	ZIP CODE:	01103	
	TVENZIO, TY ILVANA	YPE OF LICENSE:Ger prei	neral on C	CATEGORY:	All Alcohol
EMAIL ADDRE	SS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
	OF LICENSED PREM		4 D 4 D		
~		CE TO BE USED AS A	A BAR		
•	nd swear under penalti	es of perjury that: of the same type for the	sama promisas nos	ı, ligançadı	
		th all laws of the Comm	-		
	-	or business (If not expla	_	to taxes, and	
3. the pro	emises are now open to	n ousiness (if not expla	in below)		
SIGNED BY:					
SIGNED B1.	Individual, Partn	er or Authorized Corpo	rate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLOYE	ER IDENTIFICAT	TION NUMBER:
			(Note: NOT In	ndividual Social S	ecurity Number)
Acts of 2004, sig	gned by the building i	re in possession (1) the nspector and the head r liability insurance re	of the fire depar	tment for the	above named
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED (If disapproved ex					
(ii disapproved e	xpiaiii)		-		
DATE:			-		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 122600355		CITY OR TOWN	SPRINGFI	ELD
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	ZHENG'S FAMILY	LLC			
DOING BUSINESS	A FOODY GOODY	BUFFET			
ADDRESS 1714 BO	STON ROAD				
CITY/TOWN: SPR	INGFIELD	STATE: MA	ZIP CODE:	01103	
MANAGER: CHE	N, QI XIONG TYPE	E OF LICENSE: Re	staurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEB		MAIL ADDRESS		
	LICENSED PREMISE				
APPROX 10,400 SQ AND 3 ENTRANCE	OFT, SINGLE STORY OS IN THE REAR	BUILDING WITH	I ONE ENTRANCE	E IN THE FR	ONT
I hereby certify and s	swear under penalties o	of perjury that:			
1. the renew	ed license will be of the	e same type for the	same premises now	licensed;	
2. the license	ee has complied with a	ll laws of the Comr	nonwealth relating to	taxes; and	
3. the premi	ses are now open for b	usiness (If not expl	ain below)		
SIGNED BY:	Individual, Partner o	or Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:			TON NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
Acts of 2004, signed	d, attest that we are in d by the building insp certificate of liquor li	ector and the head	l of the fire departı	nent for the	above named
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	am <i>)</i>				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122	2600357		CITY OR TO	WN SPRINGE	IELD
APPLICATION FOR RE	NEWAL:	Annual	LIC	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME: AD	OLFO'S RESTAU	RANT,INC.			
DOING BUSINESS A A	DOLFO'S RESTAU	JRANT			
ADDRESS 254 WORTH	INGTON ST				
CITY/TOWN: SPRING	FIELD	STATE: MA	ZIP CODE	E: 01103	
MANAGER: BRUNO,	VICTOR TYPE C	OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEAS	SE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LICE	ENSED PREMISES	:			
1934 SQ. FT RESTAURA	ANT, 1265 SQ. FT.	PATIO AND B	ASEMENT FOR	R STORAGE/	
I hereby certify and swear	under penalties of j	perjury that:			
1. the renewed lie	cense will be of the	same type for th	e same premises	now licensed;	
2. the licensee ha	s complied with all	laws of the Com	monwealth relat	ing to taxes; and	
3. the premises an	re now open for bus	iness (If not exp	lain below)		
SIGNED BY:					
Ind	lividual, Partner or A	Authorized Corp	orate Officer		
DATE:	TELEPHONE N	IIMRER:	EMPL	OYER IDENTIFICA	TION NUMBER:
	TEELI HONE IV	CWIDEK.	(Note: <u>NO</u>	T Individual Social	Security Number)
We the undersigned, att Acts of 2004, signed by					
license and (2) the certif					
Please Check Below:			LOCAL LIC	ENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED:			-		
(If disapproved explain)					
D. A. TIE					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 122600358		CITY OR TOWN	SPRINGFI	ELD
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	ISED FOR 20)13
		CLASS			YEAR
DOING BUSI	AME: EARL WATSON AN NESS A DAD'S VARIETY				
	81 STATE STREET				
CITY/TOWN:	SPRINGFIELD	STATE: MA	ZIP CODE:	01103	
MANAGER:	EARL & TYPE BARBARA WATSON	OF LICENSE: Re	staurant C	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR E	MAIL ADDRESS		
	N OF LICENSED PREMISE		LAND STOPA SE		
	12 SQ. FT. ON FIRST FLOO y and swear under penalties or		AND STORAGE.		
2. the	renewed license will be of the licensee has complied with all premises are now open for bu Individual, Partner of	l laws of the Com usiness (If not exp	monwealth relating (ain below)		
		·			
DATE:	TELEPHONE	NUMBER:		R IDENTIFICAT dividual Social S	
Acts of 2004,	rsigned, attest that we are in signed by the building inspo t) the certificate of liquor lia	ector and the hea	d of the fire depart	ment for the	above named
Please Check Belo	ow:		LOCAL LICEN	SING AUTHO	ORITY
APPROVED: DISAPPROVE (If disapproved)			By:		
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	122600359		CITY OR TOWN SPRING	FIELD
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	RICKAA INC.			
DOING BUSINESS A	A RACING MAR	T FUELS		
ADDRESS 685 SUM	NER AVENUE			
CITY/TOWN: SPRI	NGFIELD	STATE: MA	ZIP CODE: 01103	
MANAGER: ABIA	SSAF, RIZK TY	PE OF LICENSE: Pa	ckage Store CATEGORY	Y: Wine and Malt Regular
EMAIL ADDRESS:				
P	LEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF L	ICENSED PREM	ISES:		
STORE AND GAS S'	FATION BUILDI ALCOHOLIC BE	NG, OF WHICH A 20 VERAGESTHER	2600 SQ FT EXITING CONV 0'X30'AREA WILL BE FOR E ARE TWO ENTRANCE/EXI FOR DELIVERIES	THE SALE
I hereby certify and sv	vear under penaltie	es of perjury that:		
1. the renewe	d license will be o	f the same type for the	e same premises now licensed;	
2. the license	e has complied wit	th all laws of the Com	monwealth relating to taxes; and	d
3. the premise	es are now open fo	or business (If not exp	lain below)	
SIGNED BY:	Individual, Partne	er or Authorized Corp	oorate Officer	
DATE:	TELEPHO:	NE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:			Ву:	
DISAPPROVED:				
(If disapproved explain	n)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 122600361		CITY OR TO	WN SPRINGE	IELD
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	: CHARLESETTA	A SMITH			
DOING BUSINESS	A BROWNSTON	IE BANQUET HALL	AND MEETING	G PLACE	
ADDRESS 1482 ST	TATE STREET				
CITY/TOWN: SPE	RINGFIELD	STATE: MA	ZIP CODE	E: 01103	
MANAGER: SMI CHA	TH, T ARLESETTA	YPE OF LICENSE:Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:	:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREM	MISES:			
APPROX. 2920 SQ	FT FOR BAR AN	D LOUNGE ON FIRS	Γ FLOOR, BAS	EMENT FOR S	TORAGE
I hereby certify and	-				
1. the renev	ved license will be	of the same type for the	same premises	now licensed;	
2. the licens	see has complied w	ith all laws of the Com	monwealth relati	ing to taxes; and	
3. the prem	ises are now open f	or business (If not expl	ain below)		
SIGNED BY:					
	Individual, Partr	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLO	OYER IDENTIFICA	TION NUMBER:
			(Note: NO '	Individual Social	Security Number)
We the undersione	ed attest that we a	re in possession (1) th	e certificate red	nuired by Chan	ter 304 of the
Acts of 2004, signe	ed by the building	inspector and the hea	d of the fire dep	partment for the	e above named
license and (2) the	certificate of liquo	or liability insurance i	required by Cha	apter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	ain)				 ,
D 4 mg					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

	122600362		CITY OR TOW		
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	OSAKA JAPA	NESE HIBACHI STEAH	K HOUSE, INC		
DOING BUSINESS A	A OSAKA JAPA	ANESE HIBACHI STEA	AK HOUSE		
ADDRESS 1404 BOS	STON RD				
CITY/TOWN: SPRI	NGFIELD	STATE: MA	ZIP CODE:	01103	
MANAGER: CHEN	NG, STEVEN	TYPE OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION OF L					
SINGLE STORY BR	ICK CONTSRU	CTION RESTAURANT	CONTAINING	APPROX 5050	SQ FT
I hereby certify and sv	wear under penal	Ities of perjury that:			
1. the renewe	d license will be	e of the same type for the	same premises no	ow licensed;	
2. the license	e has complied v	with all laws of the Comr	nonwealth relating	g to taxes; and	
3 the premise	ac ara now onan	for business (If not expla	in halam)		
3. the premise	es are now open	for business (if not expla	iiii below)		
- S. the prenns	es are now open	Tor business (if not explo	ani below)		
SIGNED BY:	es are now open	for business (if not expla	am below)		
		tner or Authorized Corpo	·		
		<u> </u>	·		
		<u> </u>	·		
	Individual, Par	tner or Authorized Corpo	orate Officer	'ER IDENTIFICAT	ΓΙΟΝ NUMBER:
SIGNED BY:	Individual, Par	<u> </u>	orate Officer EMPLOY	'ER IDENTIFICAT Individual Social S	
SIGNED BY: DATE:	Individual, Par	tner or Authorized Corpo	employ (Note: NOT	Individual Social S	Security Number)
SIGNED BY: DATE: We the undersigned	Individual, Par TELEPH	tner or Authorized Corpo	EMPLOY (Note: NOT	Individual Social S	er 304 of the
DATE: We the undersigned Acts of 2004, signed	Individual, Par TELEPH , attest that we by the building	tner or Authorized Corpo	EMPLOY (Note: NOT) e certificate requ	Individual Social S ired by Chapt rtment for the	er 304 of the above named
DATE: We the undersigned Acts of 2004, signed license and (2) the co	Individual, Par TELEPH , attest that we by the building	tner or Authorized Corporation (1) the ginspector and the head	EMPLOY (Note: NOT e certificate requil of the fire depa	ired by Chapt rtment for the oter 116 of the	er 304 of the above named Acts of 2010.
DATE: We the undersigned Acts of 2004, signed license and (2) the concepted by the concept	Individual, Par TELEPH , attest that we by the building	tner or Authorized Corporation (1) the ginspector and the head	EMPLOY (Note: NOT) e certificate required by Chap LOCAL LICE	Individual Social S ired by Chapt rtment for the	er 304 of the above named Acts of 2010.
DATE: We the undersigned Acts of 2004, signed license and (2) the concepted by the concept	Individual, Par TELEPH , attest that we by the building	tner or Authorized Corporation (1) the ginspector and the head	EMPLOY (Note: NOT e certificate requil of the fire depa	ired by Chapt rtment for the oter 116 of the	er 304 of the above named Acts of 2010.
DATE: We the undersigned Acts of 2004, signed license and (2) the concepted by the concept	Individual, Par TELEPH , attest that we by the building ertificate of liqu	tner or Authorized Corporation (1) the ginspector and the head	EMPLOY (Note: NOT) e certificate required by Chap LOCAL LICE	ired by Chapt rtment for the oter 116 of the	er 304 of the above named Acts of 2010.
DATE: We the undersigned Acts of 2004, signed license and (2) the concepted by the concept	Individual, Par TELEPH , attest that we by the building ertificate of liqu	tner or Authorized Corporation (1) the ginspector and the head	EMPLOY (Note: NOT) e certificate required by Chap LOCAL LICE	ired by Chapt rtment for the oter 116 of the	er 304 of the above named Acts of 2010.
DATE: We the undersigned Acts of 2004, signed license and (2) the concepted by the concept	Individual, Par TELEPH , attest that we by the building ertificate of liqu	tner or Authorized Corporation (1) the ginspector and the head	EMPLOY (Note: NOT) e certificate required by Chap LOCAL LICE	ired by Chapt rtment for the oter 116 of the	er 304 of the above named Acts of 2010.



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	122600364		CITY OR TOW	N SPRINGFI	ELD
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	ZHENG'S GARDI	EN II LLC			
DOING BUSINESS A	TOKYO				
ADDRESS 415 COOL	LEY STREET				
CITY/TOWN: SPRIN	NGFIELD	STATE: MA	ZIP CODE:	01103	
MANAGER: ZHEN	G, MICHAEL TY	PE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMI	SES:			
APPROX. ON FIRST	FLOOR FOR SER	RVICE AND STORA	AGE		
I hereby certify and sw	ear under penaltie	s of perjury that:			
1. the renewed	l license will be of	the same type for th	e same premises no	w licensed;	
2. the licensee	has complied with	h all laws of the Com	monwealth relating	g to taxes; and	
3. the premise	s are now open for	r business (If not exp	lain below)		
SIGNED BY:					
	Individual, Partner	r or Authorized Corp	orate Officer		
DATE:	TELEPHON	NE NUMBER:	EMPLOY	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT)	Individual Social S	Security Number)
W-4b	- 444 41 - 4	- ! (1) 41	l		204 -£41
We the undersigned, Acts of 2004, signed					
license and (2) the ce					
Please Check Below:			LOCAL LICEN	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	1)				
D. 1.000					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 122600365		CITY OR TOWN	SPRINGFIE	ELD
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		•	YEAR
LICENSEE NAME:	Y.L.S. INC.				
DOING BUSINESS	A PUNTA CANA RE	STAURANT & B	AR		
ADDRESS 137 CHE	ESTNUT STREET				
CITY/TOWN: SPR	INGFIELD	STATE: MA	ZIP CODE:	01103	
MANAGER: SAN L.	TOS, YORDY TYPE	OF LICENSE: Re	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEB		MAIL ADDRESS		
	LICENSED PREMISE			120 GO FF O	
STORAGE IN BASI	ERVICE AND STORA EMENT	GE ON FIRST FL	OOR AS WELL AS	120 SQ FT O)F
I hereby certify and s	swear under penalties o	f perjury that:			
1. the renew	ed license will be of th	e same type for the	same premises now	licensed;	
	ee has complied with a		_	o taxes; and	
3. the premi	ses are now open for b	usiness (If not expl	ain below)		
SIGNED BY:	Individual, Partner o	r Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER	R IDENTIFICATI	ON NUMBER:
			(Note: NOT Ind	lividual Social Se	curity Number)
Acts of 2004, signed	d, attest that we are in d by the building insp certificate of liquor lia	ector and the hea	d of the fire departı	ment for the a	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	RITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved explain)	ain)				
(11 disapproved expire	·····				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 122600366		CITY OR TOWN	SPRINGFI	ELD
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	SIANO'S PIZZERIA,	INC			
DOING BUSINESS	A SIANO'S PIZZA & I	RESTAURANT			
ADDRESS 965 BOX	STON RD				
CITY/TOWN: SPE	RINGFIELD	STATE: MA	ZIP CODE:	01103	
	ENEDETTO, TYPE (RTINO	OF LICENSE: Re	estaurant C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:]
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMISES	:			
1728 SF ON FIRST STORAGE IN THE	FLOOR OF A FREE ST BASEMENT	'ANDING BLDO	G WITH EXITS FOI	R SERVICE A	AND
	see has complied with all ises are now open for bus Individual, Partner or	siness (If not exp	ain below)	to taxes, and	
DATE:	TELEPHONE N	NUMBER:			TION NUMBER: ecurity Number)
Acts of 2004, signe	ed, attest that we are in d by the building inspec certificate of liquor lial	ctor and the hea	d of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved expl	ain)				
(II disappioved expi	u111 <i>)</i>				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122	2600367		CITY OR TOWN	SPRINGFI	ELD
APPLICATION FOR RE	NEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: HA	MPDEN ENTER	TAINMENT D	ISTRICT, INC		
DOING BUSINESS A PA	ARAMOUNT TH	EATER			
ADDRESS 1700 MAIN S	ST				
CITY/TOWN: SPRINGE	FIELD	STATE: M	A ZIP CODE:	01103	
MANAGER: COLON, 1	EDUARDOTYPE	OF LICENSE:	Restaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:]
	E ALSO VISIT OUR WEBS		IR EMAIL ADDRESS		_
DESCRIPTION OF LICE					
19000 SF BULDG WITH ON 2ND FLOOR STORA				CONY WITH	H LOBBY
I hereby certify and swear	under penalties o	f perjury that:			
1. the renewed lic	cense will be of the	e same type for	the same premises now	licensed;	
2. the licensee ha	s complied with a	l laws of the Co	ommonwealth relating t	to taxes; and	
3. the premises ar	re now open for bu	isiness (If not e	xplain below)		
SIGNED BY:					
Ind	lividual, Partner of	r Authorized Co	orporate Officer		
DATE:	TELEPHONE	NUMBER:			TION NUMBER:
			(Note: NOT Inc	aividuai Sociai S	ecurity Number)
We the undersigned, att					
Acts of 2004, signed by the license and (2) the certification					
Please Check Below:	•	•	LOCAL LICENS		
APPROVED:			By:)II (O / IO I II (SIGIT I
DISAPPROVED:			y .		
(If disapproved explain)					
DATE:					
DAIL.					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	122600368		CITY	OR TOWN	SPRINGFI	ELD
APPLICATION FOR I	RENEWAL:	Annual		LICEN	ISED FOR 2	013
		CLASS				YEAR
LICENSEE NAME:	VESUVIO, LLC					
DOING BUSINESS A	CARPACCIO					
ADDRESS 912 MAIN	ST					
CITY/TOWN: SPRIN	IGFIELD	STATE: N	1A ZI	P CODE:	01103	
MANAGER: RATTI	E, MICHAEL TYP	E OF LICENSE	Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PL	EASE ALSO VISIT OUR WE	BSITE AND ENTER YO	UR EMAIL ADDI	RESS		
2. the licensee	ST. THE FIRST F AREA AND THE Q FT AND MEASU	OFFICE SPAC JRING 53' X 54 of perjury that: he same type for all laws of the C	TS OF THE E W/AN EN	RESTAUF ICLOSED I	RANT/DININ PATIO CONS v licensed;	IG AREA,
SIGNED BY:	Individual, Partner	or Authorized C	orporate Of	ficer		
DATE:	TELEPHONI	E NUMBER:	(1			TION NUMBER: Security Number)
We the undersigned, Acts of 2004, signed I license and (2) the cer	y the building ins	pector and the	head of the	fire depart	ment for the	above named
Please Check Below: APPROVED:				AL LICEN	SING AUTH	ORITY
DISAPPROVED:			By:			
(If disapproved explain)					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 122600369		C	II Y OK TOV	WIN	SPKINGFI	ELD	
APPLICATION FO	R RENEWAL:	Annu	ıal	LIC	CENS	ED FOR 20	013	
		CLA	SS				YEAR	
LICENSEE NAME	: D AND G JAM	AICAN CUISINI	E LLC					
DOING BUSINESS	S A D AND G JAI	MAICAN CUISIN	NE .					
ADDRESS 5 PRES	TON STREET							
CITY/TOWN: SPI	RINGFIELD	STATE:	MA	ZIP CODE	Ξ:	01103		
	KENZIE, T RRETT	ΓΥΡΕ OF LICEN	SE:Resta	ırant	CA	TEGORY:	Wine and Malt Regular	•
EMAIL ADDRESS	:							
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER	YOUR EMAI	L ADDRESS			_	
DESCRIPTION OF	LICENSED PRE	MISES:						
1152 SQ FT ON TH	IE FIRST FLOOR	FOR SERVICE	AND BA	SEMENT FC	OR ST	ORAGE		
I hereby certify and	swear under penal	ties of perjury tha	ıt:					
1. the renev	wed license will be	of the same type	for the sa	me premises	now li	censed;		
2. the licen	see has complied v	with all laws of the	e Commo	nwealth relati	ing to	taxes; and		
3. the prem	ises are now open	for business (If no	ot explain	below)				
SIGNED BY:								
	Individual, Part	tner or Authorized	l Corpora	te Officer				
								1
DATE:	TELEPH	ONE NUMBER:		EMPLO	OYER I	DENTIFICAT	TION NUMBER:	
				(Note: <u>NO</u>	T Indiv	idual Social S	ecurity Number)	
***			(4) (1				204 64	
We the undersigned Acts of 2004, signed								
license and (2) the								
Please Check Below:				LOCAL LIC	ENSI	NG AUTH	ORITY	
APPROVED:				Ву:				
DISAPPROVED:				•				
(If disapproved exp	lain)							
DATE:								



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122600370		CITY OR TOWN	SPRINGFI	ELD	
APPLICATION FOR RENEWAL: Annual LICENSED F				FOR 2013	
	CLASS			YEAR	
LICENSEE NAME: EL TRIPLETAZO	CORPORATION				
DOING BUSINESS A EL TRILETAZO	RESTARANT				
ADDRESS 599 PAGE BLVD					
CITY/TOWN: SPRINGFIELD	STATE: MA	ZIP CODE:	01103		
MANAGER: MARIN, CARMEN TYP	'E OF LICENSE: Ro	estaurant CA	ATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:					
DESCRIPTION OF LICENSED PREMIS 2060 SQ FT ON THE FIRST FLOOR FO I hereby certify and swear under penalties 1. the renewed license will be of t 2. the licensee has complied with 3. the premises are now open for the SIGNED BY: Individual, Partner	SES: OR SERVICE AND of perjury that: the same type for th all laws of the Combusiness (If not exp	STORAGE e same premises now nmonwealth relating to			
DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building ins license and (2) the certificate of liquor length of the property of the certificate of liquor length of the property of the certificate of liquor length of the property of the certificate of liquor length of the property of the certificate of liquor length of liquor length of the certificate of liquor length of liquor lengt	in possession (1) the pector and the hea	(Note: NOT Ind the certificate require and of the fire departs	ividual Social S ed by Chapte ment for the r 116 of the	er 304 of the above named Acts of 2010.	
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 122600371		CITY OR TOWN	SPRINGFI	ELD
APPLICATION FOR	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	4 BOYS LLC				
DOING BUSINESS	A ADORE				
ADDRESS 280 WAS	SHINGTON STREET				
CITY/TOWN: SPRI	INGFIELD	STATE: MA	ZIP CODE:	01103	
MANAGER: BRAIDENI	,	OF LICENSE: Rest	aurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM.	AIL ADDRESS		_
DESCRIPTION OF I	LICENSED PREMISE	S:			
4000 SQ FTBASE	EMENT FOR STORA	GE			
I hereby certify and s	wear under penalties o	f perjury that:			
1. the renewe	ed license will be of th	e same type for the s	same premises no	w licensed;	
2. the license	ee has complied with a	ll laws of the Comm	onwealth relating	to taxes; and	
3. the premis	ses are now open for bu	usiness (If not explain	in below)		
SIGNED BY:					
	Individual, Partner o	r Authorized Corpor	rate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOY	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT)	ndividual Social S	Security Number)
XX7 - 41 1	1 - 44 - 4 4]- 4		4° 6° 4	211Cb4	204 - 641-
	l, attest that we are in I by the building insp				
	ertificate of liquor lia				
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:			•		
(If disapproved expla	in)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 122600372		CITY OR TOWN	SPRINGFI	ELD	
APPLICATION FOR RENEWAL: A			LICENSED FOR 2013			
		CLASS			YEAR	
LICENSEE NAME:	SG CONVENIENCE SM	OKE SHOP I	LC			
DOING BUSINESS A	A SG CONVENIENCE S	MOKE SHOP				
ADDRESS 528 MAII	N STREET					
CITY/TOWN: SPRI	NGFIELD S	TATE: MA	ZIP CODE:	01151		
MANAGER: KURA	AAR, KAVITA TYPE OF	LICENSE:Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:						
F	LEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR F	MAIL ADDRESS			
	LICENSED PREMISES:					
APPROX 900 SQ FT BASEMENT FOR ST	ON FIRST FLOOR; STO FORAGE	ORAGE WITH	ENTRANCE THE I	FRONT AND	O REAR;	
3. the premis SIGNED BY:	es are now open for busin Individual, Partner or Au					
	·					
DATE:	TELEPHONE NU	MBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)	
Please Check Below: APPROVED:			LOCAL LICENS	ING AUTHO	ORITY	
DISAPPROVED:			By:			
(If disapproved explain	in)					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 122600374		CITY OR TOV	VN SPRINGFI	IELD
APPLICATION F	OR RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAMI	E: PLAN B SPRING	FIELD LLC			
DOING BUSINES	SS A PLAN B BURG	ER BAR			
ADDRESS 1000 V	WEST COLUMBUS E	BLVD			
CITY/TOWN: SI	PRINGFIELD	STATE: MA	ZIP CODE	: 01103	
MANAGER: BA	ALULA, JOSEPH TY	PE OF LICENSE:Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION O	F LICENSED PREMI	ISES:			
I hereby certify and	d swear under penaltie	s of perjury that:			
1. the rene	ewed license will be of	f the same type for the	e same premises r	now licensed;	
2. the lice	nsee has complied wit	h all laws of the Com	monwealth relation	ng to taxes; and	
3. the prei	mises are now open for	r business (If not expl	ain below)		
SIGNED BY:					
	Individual, Partne	r or Authorized Corp	orate Officer		
DATE.					
DATE:	TELEPHO	NE NUMBER:		OYER IDENTIFICATE Individual Social S	
We the undersion	ned, attest that we ar	o in neggession (1) th	o contificate nec	usingd by Chant	ton 201 of the
Acts of 2004, sign	ned, attest that we are ned by the building in e certificate of liquor	spector and the hea	d of the fire dep	artment for the	above named
Please Check Below:	_		LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	-1-:-)				
(If disapproved exp	piain)				
DATE:					
•			<u></u>		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 122600379		CI	TY OR TOW	N SPRINGFI	ELD	
APPLICATION FOR RENEWAL:			Annual		LICENSED FOR 2013		
		CLAS	S			YEAR	
	E: SOL KARIBE RE SS A SOL KARIBE R MAIN STREET			LC .			
CITY/TOWN: SI	PRINGFIELD	STATE:	MA	ZIP CODE:	01103		
	NCHEZ,JACQUETY. NE	PE OF LICENS	E:Restau	rant	CATEGORY:	All Alcohol	
EMAIL ADDRES	S:						
	PLEASE ALSO VISIT OUR W		OUR EMAIL	ADDRESS			
FIRST FLOOR CO	OF LICENSED PREMI ONSISTING OF APPR O EXIT ON MAIN ST	ROX. 1800 SQ.F	T. FOR	SERVICE AN	D STORAGE.		
	nsee has complied with mises are now open for Individual, Partner	business (If not	t explain	below)	g to taxes; and		
DATE:	TELEPHON	IE NUMBER:			ER IDENTIFICAT		
Acts of 2004, sign	ned, attest that we are ned by the building in he certificate of liquor	spector and the	e head of	the fire depa	rtment for the	above named	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved ex				LOCAL LICEN	NSING AUTH	ORITY	
DATE:							



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122600380		CITY OR TOWN	SPRINGFIE	ELD	
APPLICATION FOR RENEWAL:	Annual	uual LICENSED FOR 2013			
	CLASS			YEAR	
LICENSEE NAME: ROBERTO'S	SPORT BAR & GRILL				
DOING BUSINESS A THE ZONE	3				
ADDRESS 78-80 WORTHINGTO	N STREET				
CITY/TOWN: SPRINGFIELD	STATE: MA	ZIP CODE:	01103		
MANAGER: RAMESH, PAUL	TYPE OF LICENSE: Ger pres	neral on CA mise	ATEGORY:	All Alcohol	
EMAIL ADDRESS:					
DESCRIPTION OF LICENSED PEBRICK BUILDING; 10,000 SQUA I hereby certify and swear under per 1. the renewed license will 2. the licensee has complied 3. the premises are now open	RE FEET nalties of perjury that: be of the same type for the d with all laws of the Comm	same premises now nonwealth relating to iin below)			
DATE: TELEI	PHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi		ION NUMBER:	
We the undersigned, attest that v Acts of 2004, signed by the buildi license and (2) the certificate of li	ing inspector and the head	of the fire departn	nent for the	above named	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY	
DATE:					